

Clinical and Theoretical Aspects of Perversion

The Illusory Bond

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edited by

Juan Pablo Jiménez and Rodolfo Moguillansky

Controversies in Psychoanalysis

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*Edited by
Juan Pablo Jiménez and
Rodolfo Moguillansky*

Foreword by Charles Hanly

Controversies in Psychoanalysis Series

KARNAC

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CONTROVERSIES IN PSYCHOANALYSIS SERIES

IPA Publications Committee

The present Publications Committee of the International Psychoanalytical Association continues, with this volume, the new series, *Controversies in Psychoanalysis*, the objective of which is to reflect, within the frame of our publishing policy, present debates and polemics in the psychoanalytic field.

Theoretical and clinical progress in psychoanalysis continues to develop new concepts and to reconsider old ones, often in contradiction to each other. By confronting and opening these debates, we might find points of convergence, but also divergences that cannot be reconciled; the ensuing tension among these should be sustained in a pluralistic dialogue.

The aim of this series is to focus on these complex intersections through various thematic proposals developed by authors from within different theoretical frameworks and from diverse geographical areas, in order to open the possibilities of generating a productive debate within the psychoanalytic world and related professional circles.

The concept of perversions is highly debatable in the psychoanalytic field. It is connected to norms, to culture, as well as to the complex way drives are organized in relation to the Other. The

authors highlight the analytic relation concerning these patients, and open a controversial domain with a highly remarkable clinical experience.

We are pleased to continue this series with the support of Charles Hanly, President of the International Psychoanalytical Association. Special thanks are due to the authors and to the commentators to this volume.

Leticia Glocer Fiorini
Chair of the Publications Committee
Series Editor

FOREWORD

Charles Hanly

In *Clinical and Theoretical Aspects of Perversion*, Jiménez and Moguillansky undertake an exploration of the use of phenomenological description in understanding perverse relations as they make their appearance in clinical psychoanalytic treatment. Freud (1916–1917) differentiated phenomenological descriptions and classifications of neuroses and psychoses from dynamic and structural explanations of their origins, claiming, on behalf of psychoanalysis, the advantage of causal explanation and understanding. It could appear from the perspective of this distinction that a phenomenological study of perverse relations would be a step backward in psychoanalytic thinking. But this would be a premature judgement.

Phenomenology is a school of thought in philosophy, perhaps best represented by the work of Merleau-Ponty (1945). Merleau-Ponty espoused phenomenological description as a more authentic form of achieving an understanding of human reality than causal explanation. His aim was to describe the structures of lived experience. Thus, Merleau-Ponty reversed the implicit epistemological values in Freud's distinction. Merleau-Ponty admired Freud's case descriptions and rejected as dehumanizing and mechanistic Freud's causal explanations of the origins and development of symptoms.

Throughout his work, Merleau-Ponty relies on psychoanalysis in some of his arguments, but it is the existential analysis of Binswanger (1946) and not the psychoanalysis of Freud upon which he relies.

Jiménez and Moguillansky explore a fascinating corrective synthesis of these ideas in their book. While employing, whether deliberately or not, the phenomenological idea of “structures of lived experience” found, among others, in Merleau-Ponty, they have integrated it, as Merleau-Ponty had not, because of his hostility to the idea of psychic determinism, with classical Freudian psychoanalysis in order to make it useful for descriptions of integral dynamic structures of perversion in clinical psychoanalysis. The great advantage of this conceptual method is the suitability of this level of description to characterize and illuminate essential clinical phenomena of perverse transferences as they are encountered in the clinical setting.

The epistemological basis of their corrective synthesis, as I have called it, is to be found in the author’s adoption of critical realism. This epistemological foundation allows the authors to use phenomenological description in a way that is coherent with clinical observation and causal explanation. In this respect, the author’s work is a correction of the subjectivism inherent in the philosophical phenomenology of Merleau-Ponty, even while adopting the strengths of his descriptive method. And there is a second advantage, having to do with synthesis. Critical realist postulates allow the authors to integrate, within a fundamentally psychoanalytic methodology, findings from adjunct disciplines such as ethology, cognitive science, and learning theory, and, as well, literature and philosophy.

In a crucial statement in their summing up, Jiménez and Moguillansky set out their way of linking Freud’s metapsychological aetiology of perversion with their focus on the lived experience of the analytic situation in perverse transferences and counter-transferences,

The perverse structure has been characterized since Freud by the splitting of the ego, the denial or the disavowal of castration, as well as by the denial or the disavowal of reality, especially relating to the differences of sex and those between generations.

We understand that these metapsychological remarks are, in theory, the translation of that which, in the analyst's mind, appears immediately and from experience as a peculiar difficulty in establishing and maintaining the basic intersubjective agreement which supports the psychoanalytic relation.

Perverse transferences inevitably disturb the very frame of the analysis in its reality bound, essential, conscious agreements, and in their motivating unconscious origins as a consequence of the psychological handiwork identified and described theoretically by Freud. This disturbance is the source of the analyst's temptation to experience the perverse patient as a "being from another planet"—one phenomenological description of the structure of the lived experience of being an analyst with a perverse patient. One might speculate that if the analyst were able to remember from his/her own childhood the "love and hate" and curiosity about animals often experienced as substitutes for parents and siblings from the time before narcissism modifies our elemental identification with animals, the experience of the patient who has a dominating sexual attracted to animals as a Martian might diminish. In general, it may be that memories of one's own childhood polymorphous perversity are needed to help the analyst find his/her bearings and equanimity in cases of perversion. This speculation brings out a further strength of the author's corrective uses of phenomenological description. These descriptions are themselves bound to the psychodynamics of the countertransference and memory at work in the analyst.

The authors have also introduced a dialectic concerning their ideas and descriptions of perverse transferences and countertransference which further focuses the enquiry and makes it into an open enquiry by inviting major contributors to discuss their chapters. In this way, and in the theoretical and methodological ways mentioned above, this work is an exciting theoretical, *methodological* and clinical adventure in the further integration of psychoanalytic knowledge by means of a clinical study of perverse transferences.

Introduction

Juan Pablo Jiménez and Rodolfo Moguillansky

While psychoanalysis has performed original research and produced texts on perversion, the analysis of perverse patients is still debatable. In his paper on the subject, Gunther Perdigao says, “In this postmodern era, we are witnessing many theoretical disagreements regarding the underlying dynamics of perversions and how to classify their different clinical manifestations”.

We will make a brief list of the definitions of perversion, taking these as our starting point, and then suggest what should be considered further in the psychoanalytical approach to perverse patients.

Briefly stated, these definitions start out from Freud’s view on perversions in his *Three Essays on the Theory of Sexuality* (1905d). There, he writes that perversion is neither the result of fate nor a sort of monstrosity, but one of many potential vicissitudes in the constitutive process of human subjectivity. Although this early statement might look naïve in the light of future developments, its merit was that it put an end to the idea that perversion was a univocal sexual activity and took it out of the dark realm of degeneration, while revealing that sexual activity was a complex structure involving components of drive.

In his essay on Leonardo da Vinci (1910c), Freud depicts perversion not simply as an unrepresed discharge of component drives, but as something indissolubly linked to the issue of narcissism. In particular, he proposes that an intersubjective stand must be adopted in order to understand perversion: in Leonardo's childhood fantasy, there was a relationship with the phallic mother in the absence of the father.

This fantasy of a phallic mother turned out to be a major contribution to understanding infantile theories on sex; at the same time, it proved that the persistence of this fantasy, in which anatomical sexual differences were denied, was essential to understanding perversions. This understanding gave rise, in psychoanalytical theory, to the hypothesis of the complicit role played by the mother in the pathogenesis of perversion, and to the concept of the phallic mother as the one who imposes her desire on the child.

At a symbolic level, perversion is defined by ego splitting and by the disavowal of castration (Freud, 1927e, 1940). Later contributions also form a part of our theoretical baggage, such as those emphasizing the role of pregenitality (Gillespie, 1951; Glover, 1924; Grunberger, 1976; Meltzer, 1973; Payne, 1939; Rosenfeld, 1950); the influence of narcissism (Chasseguet-Smirgel, 1992; Costantino, Moguillansky, & Seiguer, 1991; Glasser, 1986; Kohut, 1971; Maldonado, 1993, 1998, 1999); the secret and incestuous relationship between the perverse patient and his mother (Aulagnier, 1964; Bak, 1968; Chasseguet-Smirgel, 1975); the dominance of separation anxieties (Etchegoyen, 1970, 1977; Ferenczi, 1924; Joseph, 1971; Meltzer, 1972); the early eroticization of the ego as a response to an environmental failure aiming at self-preservation (McDougall, 1972; Winnicott, 1965); post trauma effects (Khan, 1974; Winnicott, 1965).

All these contributions have remarkably enriched the clinical treatment of perversions, describing psychical modes of functioning that may be phenomenologically captured in the analytical situation, which is where we must validate our observations. It has been stressed that some contributions show how, in the perverse patient's acting-out, the individual has an omnipotent power over others, causing his or her partner to lose autonomy and independence (Meltzer, 1973; Rosenfeld, 1965; Joseph, 1971). There are pragmatic disturbances to communication (Lieberman,

1971) and an assault on truth (Meltzer, 1973). Confusion has a role, too (Rosenfeld, 1950, 1987). Meltzer (1968) has underlined the confusion of identity and the fact that the erotogenic zones are linked to a terrifying experience, and has remarked that there is an exaltation of pregenital sexuality and a sense of triumph over genitality. The recognition of facts is distorted and the nature of objects is altered (Maldonado, 1998). Acting in bad faith (M. Baranger, 1969), a need to deceive (W. Baranger, 1980), and the wish to make a mockery of law are also present, as well as a tendency to transvestism (Greenson, 1968; Millot, 1983; Stoller, 1968).

Since Freud's times, the use of the term perversion has extended beyond the realm of sexuality. Meltzer (1973) even says that there is no human activity unable to become perverted. In addition, the related concept of "perversity", with non-sexual implications, is frequently used, as well as the concepts of distortion, reversal, and alteration of what is real, true, or right (Coen, 1992; De Masi, 2003; Filippini, 2005). By the same token, we are accustomed to speak of a "perverse core" in neurotic patients. Although this way of developing theory is typically psychoanalytical, we think that the tendency to over-extension of the concepts is one of the major obstacles to reaching a clinical and theoretical consensual agreement in psychoanalysis (Fonagy, 2006; Jiménez, 2008, 2009; Tuckett, 2006). For this reason, in this book, and in trying to keep us from abandoning the clinical perspective, we do not separate the concept of perversion from sexuality; perversion *is* a kind of sexuality. Even though it is not incorrect to declare that sexual perversion is "a special case of perverse modes of object-relatedness and responses to the demands of reality which are perverse" (Stein, 2005), we decided to explore this "special mode of object-relatedness" within the framework of clinical perversions. With this, we wish to stick to Freud's assertion that, no matter how far it may have come, psychoanalysis "has not abandoned its home-ground and it is still linked to its contact with patients for increasing its depth and for its further development" (Freud, 1933a, p. 151).

We expect that, after reading this book, it will be clear that recognizing the close links between culture and perversion, emphasized by Foucault in his *History of Sexuality* (1976), is not enough for a complete psychoanalytical understanding, because such connection of sense does not say much about how a particular human

being becomes perverse. Such understanding does not shed light on the path that leads an individual to constrain his or her sexuality in such an exclusive way to the perverse ritual. From a general point of view, the hermeneutic understanding, which implies the cultural–historical comprehension of a phenomenon, does not make the aetiological explanation of it any clearer. This involves confronting metapsychological understanding with the developmental point of view. The latter is of crucial clinical interest.

Having said this, we must acknowledge that, when studying perversions, we cannot ignore the complex discussion that has evolved about their relationship with the cultural changes in the way we understand sexuality. It is well known that bodies of opinion around us indicate what is politically correct. While not leaving aside this discussion and the social phenomena they relate to, psychoanalysis should maintain the autonomy of its own field of study. On this point, we adhere to the posture adopted by Hernández (1988) in his work “Mass formation and ideology”; when quoting Dahmer (1983), he says that the relationship between psychoanalysis and the ideological and social field must take into account the arguments raised by social sciences, on the one hand, and by psychoanalysis itself, on the other. Perhaps only through constant and consistent confrontation between the psychoanalytical perspective (which assumes man’s radical individuality) and that of social sciences (which involve all social relationships) can we bestow validity to our statements.

Hernández’s conclusion is that “it is a difficult task, in which we should avoid the frequent confusion derived from equating intra and inter-individual social conflicts”.

Based on all of the above, our approach begins by stating that, apart from considering the symbolic disorders created by ego splitting and the disavowal of castration, psychoanalytical research on perverse patients must take into account the difficulties in the patient–analyst relationship. We think it is indispensable to look at the intersubjective bond between them. A phenomenological approach shows that the category perversion “appears” in the mind of the analyst as a result of a process of “intersubjective construction” (Jiménez, 2004). From a more general viewpoint, the authors have even asserted that one cause of the “Babelization” of psychoanalysis is the failure to consider complex inference processes

deployed within the analyst's mind. This issue is crucial in the psychoanalysis of perverse patients.

So, through stories about the analysis of patients eligible for the "perverse" category, we wish to contribute in this book to a better knowledge of the patient-analyst relationship. We will point out that psychoanalysis must rethink its tools in order to approach what is forged in that exchange.

In the first chapter of the book, Juan Pablo Jiménez presents a phenomenological description of perversion, that is, how perversion appears in the analyst's mind. Jiménez states that perverse collusion is typical of the unconscious complicity against the analytical work, and that the analysis of any perverse patient is structured in such a way that the process follows precisely the releasing of "bastions". At first, the perverse patient's collusion, he adds, is inevitable.

After describing the intersubjective nature of the analytical relation, Jiménez says that, seen from the outside, it shows two poles: a structural symmetric pole in which both analyst and patient share the same world and the same approach to reality, and a functional asymmetric pole which defines the allocation of the respective roles. In the analysis of a perverse patient, the symmetry-asymmetry polarities acquire some peculiar characteristics. Seen from the perspective of the analyst's subjectivity, perversion appears in the analyst's mind as a surreptitious and unexpected transgression of the basic agreement that facilitates and structures intersubjective encounter. It may go as far as altering the Aristotelian rules of logic. When coming into contact with the psychic reality of a perverse patient, a world takes shape in the analyst's mind. This world is misleadingly coloured with an erotization that, sooner or later, will acquire some characteristics of violence. The perverse nucleus, as a false reality, remains dangling in mid-air as an experience that is inaccessible to the analyst's empathy. The only way the analyst can reach it is from the "periphery" of the patient's psychic reality, by trying indirectly to lead him back to his intersubjective roots. Afterwards, Jiménez attempts to explain this intersubjective phenomenon in terms of metapsychological and empirical research-based theories.

Commenting upon Jiménez's text, Rainer Krause says that in taking into account intersubjective phenomena the author tests the

usefulness of known metapsychological theories on perversion in two ways: first, he tries to see whether theories actually describe those intersubjective phenomena, and second, whether they have an explanatory, aetiologically-based value in understanding their genesis and endurance. Krause agrees with Jiménez's conclusion that current metapsychological theories, though indeed they do enable us to access more or less coherently the patient's internal world, they do "not succeed in explaining the way perversion surfaces in the intersubjective relationship". Trying to find the best way to understand how perversion surfaces in the intersubjective relationship between analyst and patient, Jiménez applies Krause's idea that perversion originates partly from an "impossible interaction between affects and terminal acts".

The second chapter illustrates Jiménez's ideas by showing how the clinical work with perverse patients demands that some modifications to traditional technique be incorporated that had not been contemplated in its theory. Jiménez contends that these analyses pose a basic dilemma for psychoanalytical technique. The author defines the fundamental dilemma of the interpretative technique as the technical difficulty, sometimes insurmountable, faced by the therapist in the treatment of severely ill patients, particularly with disorders of narcissism and self-centredness, where the interpretative action itself often produces negative side effects that are not counteracted by the curative effect of the insight achieved through interpretation. This dilemma is illustrated through detailed clinical material stemming from the analysis of a fetishist transvestite patient.

His chapter is discussed by Peter Fonagy, who suggests that a way of understanding this basic dilemma is to use the concept of mentalizing. He tries to elaborate on Jimenez's point about the fundamental problem in inducing and interpreting transference. He contends that, at least in certain patients, the induction of the transference experience generates anxiety, which in turn activates the attachment system. This deactivates the capacity to mentalize, leading to the re-emergence of non-mentalistic modes of representing subjectivity that are largely incompatible with the cure, in so far as they impede the therapeutic provision of an understanding mind using interpretative, insight-orientated techniques. If the analyst persists in an interpretative stance, despite the anxiety this

evidently generates in the patient, he can find himself in a vicious circle of increasing fear and arousal that activates the attachment system. In these circumstances, the patient experiences an increasing need for the person of the analyst, but a diminishing ability to make productive use of the latter's communications. This is the fundamental problem of psychoanalysis with patients whose early attachment experiences have failed to establish a mentalizing stance strong enough to bear the anxieties that the intense transferential encounter can generate.

In the third chapter, Rodolfo Moguillansky explores, through the analysis of a zoophilic patient, the analyst's mental makeup in the psychoanalysis of perverse patients. He says that in this setting "the analyst may be caught in a dual relationship" and suggests that "the direction perverse patients impose upon us gives us the possibility of gaining access to the idiosyncratic world in which the perverse patient lives, a world which is usually inaccessible to experience". He warns about the risks of this inclusion.

Discussing Moguillansky's paper, Carlos Featherston says:

There is a theoretical question that hovers over this paper: the encounter of two minds, their understanding, and, more poignantly, their misunderstanding. The work the analyst needs to do to occupy a similar landscape as the one inhabited by the pervert patient, when it goes against the grain of his beliefs and sensitivities, is fraught with pitfalls. (Needless to say this also applies to other pathologies, like torturers or criminals on the one hand, and foreign cultures on the other.)

To prioritize what happens in the exchange between the analyst and the perverse patient is not an innocent act, but a view in which we should focus part of our interest on those pitfalls of the analytical technique. Along this line, the authors present some ideas about the way the perversion makes its appearance in the intersubjective field of the analytical relationship, how it becomes part of the analyst's "psychic reality", and how he/she should operate with this psychic reality in the field.

In the last chapter of the book, Moguillansky explains why the study of perversions may promote both psychoanalytical metapsychology and aetiology. In the first place, Moguillansky describes the analysis of a transvestite, listing the signs of change during the

treatment. There were several successive configurations in the analytical field: first, the perverse patient's attempt to create a dual relationship with the analyst; the change that took place in that relationship when the perverse acting-out became a narrative; the effects of the emergence of conflict in the patient's ego evidenced in the appearance of shame and incongruity; the emergence of dreams as proof of the presence of a neurotic functioning conflict; the horror felt by the perverse patient when becoming aware of his/her intrusive traits; changes observed by the analyst in the transference deployed by the patient and in his/her own countertransference; until, finally, the analytical asymmetry was restored.

This text has been discussed by Gunther Perdigao, who writes:

In this chapter, we have witnessed the analysis of very difficult patients who, in the past would have been considered unanalysable. Dr Mogueillansky's step-by-step presentation of the analytical material allows us to follow the progression and zigzags of this very difficult analyses. He is always mindful of the patient's attempt to corrupt and subvert the analytical process, and consistently refuses to collude with the patient.

CHAPTER ONE

A psychoanalytic phenomenology of perversion

Juan Pablo Jiménez

Many researchers have studied the theme of perversion in psychoanalytical terms and written originally on it. In this chapter, I shall present certain ideas about a circumscribed aspect that refers to how perversion *appears* in the intersubjective field of the analytical relation; that is, how it gets to be a psychic reality in the analyst's mind. (Etymologically, the word "phenomenon" comes from the Latin *phaenomenon*, and this from the Greek, to appear. Thus, etymologically, "phenomenology" would be the study of how things "appear".) Subsequently, I shall endeavour to relate this phenomenological approach with metapsychological theories about perversion.

Before dealing with this topic, I must follow a particular path to clarify this manner of approaching perversion from intersubjective reality. This concept is borrowed from phenomenology (see Landgrebe, 1963), and was introduced to Latin American psychoanalysis by Willy and Madelaine Baranger (Baranger, 1993; Baranger & Baranger, 1969; Baranger, Baranger, & Mom, 1983).

*The crisis of the consensus and the present tasks
psychoanalytical research faces*

In the past decade, we have witnessed the public crisis of the consensus and the declaration of pluralism as an irreducible reality in psychoanalysis (Bernardi, 1989; Fonagy, 1999; Hamilton, 1997; Thomä, 2000; Wallerstein, 1988, 1990). Even so, the existing consensus regarding the exclusive character of the analytical situation as the platform for generating and validating psychoanalytical hypotheses continues to be broad, although the sufficiency of the clinical method as the only path for validation of hypotheses generated in the analytical situation is the subject of controversy (Jiménez, 2001; Rubovits-Seitz, 1992; Thomä & Kächele, 1975).

In his concern to found a “hard” science, Freud thought that he saw the basic norms regulating analytical activity as fundaments that assured the unfolding of the patient’s psychic activity in the transference, wholly uncontaminated by the analyst’s subjectivity. Despite this, from the beginning the analyst’s subjectivity manifested itself, especially in scientific exchanges between colleagues. Different authors, the creators of the most diverse approaches and conceptions, have always claimed that their ideas came from unmediated experience with their patients. Ferenczi’s (1928) hope that theoretical and technical differences in psychoanalysis would be eliminated by the introduction of the training analysis remained unfulfilled. At this point, we know that in principle a consensus based on the ideal of scientific–natural objectivity cannot be achieved. The analytical situation is not a “neutral social situation”; instead, the participation of the analyst’s persona (personality, personal history, “personal equation”, countertransference, personal theory, school of thought, cosmological vision, and latent anthropology, etc.) is an intrinsic constituent of the situation as such. On the other hand, in psychoanalytical theoretical edifice there appears to be, from Freud, some confusion between the experiential dimension of the analytical situation—where colloquial language provides the best level of description—and the most abstract metapsychological descriptions. This confusion, which may have seemed epistemologically irrelevant at first, a hundred years later is revealed to be one of the causes that most impairs dialogue between analysts, for the differences between these levels of abstraction are not recognized

and concepts are extended until they lose all specificity. The construction of theory in psychoanalysis has iterated the confusion of Babel. Certainly, the lack of clarity also affects the concept of perversion. In the panel on perversion and psychical reality at the San Francisco international congress (1995), Amati-Mehler stated that “every time the word ‘perversion’ is used, we would need a conceptual and clinical re-definition”. To my mind, a clinical redefinition requires the application of phenomenology as a method for exploring the analytical situation seen as intersubjective reality.

In the beginning, psychoanalysis and phenomenology competed as antagonistic disciplines. In the past decade, however, we observe in North American psychoanalysis a new rapprochement with phenomenology (see Stolorow & Atwood, 1992).

In a previous paper (Jiménez, 1994, p. 54), I suggested that one of the causes of the “Babelization” of psychoanalysis is to be found in the scant attention paid to the complex processes of inference that unfold in the analyst’s mind; such processes are one of the sources of diversity and pluralism. In the search for the common ground, Wallerstein suggests that we must find it in “our clinical enterprise” (1990, p. 7). According to him, and despite personal and theoretical differences, what we psychoanalysts would have in common, particularly in the practices of our consulting rooms, would be a comparable way of relating to our patients in the here and now of the transference–countertransference interaction. In any case, and even if one does not entirely agree with this affirmation, here Wallerstein is arguing for a change in the focus of psychoanalytical research, from theory (metapsychology) towards practice, and, what is more, change capable of casting light on the intimacy of the *real* consulting room. I would add that what happens in the analyst’s mind is an essential part of the intimate dimension of the analytical situation (see Canestri, 2006).

Intersubjective reality

Psychoanalytical literature teems with contributions on the concept of psychical reality, usually as opposed to a specific external reality that, even so, is rarely defined. Hartmann (1956; see also Wallerstein, 1983) pointed out that the reality test—which for Freud meant the

capacity to differentiate ideas and perceptions—should extend its meaning to cover also the skill of differentiating objective and subjective elements in our judgement of reality. Objective elements are related more to the “perceptive materiality” of the world that surrounds us, that is, to the world of things. For their part, subjective elements refer to our more immediate everyday experience. Leaving aside for a moment the relation between psychical reality and material reality, a relation that is, in any case, problematical epistemologically, I propose defining the *intersubjective reality* as *that region of our personal or psychic reality that we assume is shared by our fellows*. This shared world, which is expressed and structured in language, and in some way is the most *real* of worlds, is the human and socialized world of our family life, our job, the world of our most immediate everyday experience, in constant and dialectic interaction with our feelings and fantasies, our dreams and most unconscious thoughts.

According to this definition of the intersubjective reality as a shared reality, what in psychoanalysis we call a psychical reality would have an idiosyncratic aspect, non-communicable—really internal—and another communicable aspect, which would be “external”, in as much as accessible to the psychical reality of one’s fellows. Following this argument, and reformulating Strachey (1934), the mutative interpretation will delimit the field of the real in psychical reality, thus expanding, both in the patient’s psyche and in the relation to the analyst, the domain of the reality test. To assign meaning, to interpret, is then to set limits, to discriminate between idiosyncratic, intimate fantasy and what we might call “sharable” fantasy.

From the viewpoint of an external observer, the analytical situation creates a new social reality as a field of intersubjective agreement between analyst and patient, that is, as tacit acknowledgement that both of them, patient and analyst, belong to the “same world”. In this way, an intersubjective field is configured where each participant is defined by the other. Bi-corporal contact transcends contact between minds. (In this sense the crucial, constituent moment of intersubjectivity would be the moment when the child ceases to gaze at his mother’s finger pointing at an object and goes on to look, “together with his mother”, towards the object at which she is pointing. At that moment, the mother ceases being the child’s “object-world” and passes to “being part of the world” as another

subject.) This communion is expressed in the idea of “same world”, to which also belongs the materiality of existence, considered in its reference—essential to the human being—to “our world”. The fact of belonging to the same world, to “our world”, defines the symmetrical pole of the intersubjective field. However, intersubjective agreement also has a functional pole, asymmetrical, defined by the respective roles of analyst and patient. The symmetrical–asymmetrical polarity is dynamic and changing—in accordance with the conscious and unconscious vicissitudes of both participants. Baranger, Baranger, and Mom (1983) defined the *bulwark* (*baluarte*) as that situation where the analytical pact’s basic asymmetry is lost and the interpersonal situation then becomes defined by unconscious symmetrical links wherein patient and analyst engage in inadvertent complicity against the analytical process. To advance, the analytical process depends on the functionality of its asymmetrical aspects for, if interpreting similarities (symmetry) makes it possible to establish and develop transference, interpreting differences (asymmetry) makes it possible to resolve transference and, with this, makes the cure possible (Fink, 1989). Perverse collusion is paradigmatic of the situation of unconscious complicity against the analytic work. This must be quite clear: I believe that the analysis of a perverse patient is structured in such a way that the process proceeds precisely by lifting the bulwarks: *in a first moment, perverse collusion is inevitable*. Only a second hearing makes it possible to emerge from the entrapment. Ogden proposed a similar idea:

The perverse intersubjective constructions generated in the course of the analysis of perversion are, in my experience, inaccessible to the analyst’s conscious awareness as they are unfolding . . . The analyst must in a sense come to understand the perverse transference–countertransference “after the fact”, i.e. in the course of his doing the psychological work required to become aware of his own *unconscious* experience of and participation in the perverse transference–countertransference [1966, p. 1122, fn.]

Perversion and intersubjectivity

From Freud’s day (1927e), the perverse structure has been characterized by certain properties such as the splitting of the ego, the

denial of castration and the denial of reality (especially of sexual differences and generation differences). *I believe these metapsychological properties are the translation into theory of what in the mind of the analyst appears immediately and experientially as a particular difficulty in establishing and maintaining the basic intersubjective agreement that sustains the psychoanalytical relation.* This difficulty does not depend ultimately on the analyst's unresolved countertransference problems (though these may be present) but constitutes the characteristic and essential feature of the type of intersubjective relation the perverse patient establishes.

Let us adopt for an instant the point of view of the analyst's subjectivity. When he tries to put his mind in touch with the mind of the pervert, time and again the analyst will end up trapped in a dual relation: on the one hand, the pervert operates in the same world as the analyst, they converse back and forth, they share, they work together; on the other hand, simultaneously, the pervert seems to inhabit an idiosyncratic universe, a pseudo-reality, a world of delusion where the experiences of castration, the experience of the differences between human beings and the diversity of realities that makes the world we speak of precisely a human world do not exist. This other world, or rather pseudo-world, manifests itself as something experientially inaccessible to the patient's fellows, and is what appears in the mind of the analyst as the secret that the perverse patient seems to guard jealously.

Empathy is called into being by "placing oneself in the place of the other". In this exercise in identification and differentiation, we imagine, together with our patients, everyday situations where we look at the world "through their eyes". With perverse patients, this happens in the same way until, to our surprise, we realize that, confronted with the specific situation at hand, the patient is not seeing from the same point of view that we are—that, actually, he does not share this "bit of world" with us.

I quote a paragraph of a paper by Ruth Riesenber-Malcolm. Speaking of her patient, she says,

She was not forthcoming about her reasons for seeking analysis, but said she had been advised to come by a family friend. Her principal complaints were a total lack of friends and an intense involvement with animals. When speaking about her animals, though she

gave details about her riding, there was something *evasive and secretive* in her speech. *I remember thinking about a possible perversion, though I inferred it more from her tone and nuances than from facts explicitly narrated.* She expressed a strong desire to be 'like other people', and she repeated this several times in a way that conveyed considerable despair. [1994, p. 1033, my italics]

It is usual that perversion should announce itself atmospherically, so to speak, "from the tone and nuances". This way, it does not directly enter into the intersubjective field, but "dangles" like a foreign body in the analyst's subjectivity. Even when he knows from the outset the characteristics of his patient's perverse acts or fantasies, he will be unable to perceive beforehand how these "colour" the atmosphere of the relation. Once the perverse atmosphere is sufficiently identified, the analytical work will, in fact, be a matter of approaching the perverse nucleus from its periphery, from the vital originating experiences that analyst and patient do share. In the brief vignette of treatment offered by Riesenbergh-Malcolm, the axis hope–despair became what made it possible to construct an intersubjective bridge between analyst and patient. The patient was able to communicate her fervent desire "to be like other people", a wish the analyst could empathize with, referring it to her own experience—actually, the universal experience—of despair at being isolated.

The persistence of the perverse bulwark is something beyond what formulations in the terms of primitive defence mechanisms can describe, for it extends to the surreptitious transgression of the rules of logic that constitute the warp and woof of our everyday relation with reality, both internal and external. It seems closer to the truth to say that the perverse patient shows us a reality where reality does not exist. Therein lies the deception.

In terms of Matte Blanco's bi-logic (Rayner, 1995), the basic mechanism of perversion is "symmetrization". From a bi-logic of intersubjectivity, one could say that, just where the analyst expects an asymmetrical judgement, we see, surprisingly and *ex post facto*, that the patient has made a symmetrical judgement. That is, where there should have been a difference, what happens, *a posteriori*, is that the perverse patient had implied equality (i.e., supposed *in a cavalier way* that he and his analyst shared the same point of view).

In the course of many months of analysis with Matías, a patient who was a fetishist and voyeur and was in psychoanalysis for four years with a four-times-a-week frequency (see Jiménez, 1993 for a treatment report), and through different clues he offered in his communication and certain failures in logic and misunderstandings that came up in the dialogue, I gradually realized that Matías was convinced in a virtually delusional way that I could see his face and expression when he was lying back on the couch. This idea concerned me, for I was unable to make sense of this way of denying the reality of the perceptual space between us. My disquiet grew to the point where I put it to him directly by describing the view I had from my armchair: I could see only his hair and part of his forehead, but not his face. Matías answered that he did not believe me, and that, in fact, I could see his face from where I sat, behind the couch. To my surprise, for several sessions he insisted on his assertion, adding that every time I said anything to him he was able to imagine perfectly the expression on my face. At that moment I understood that the denial was in the service of negating the asymmetry with me in the analytical relation, which allowed me to formulate the interpretation that the recumbent position was so demeaning to him that he simply erased it through the conviction that we continued to sit face to face, as in the initial interviews. After this interpretation, Matías appeared to correct the perception of denial and we were able to speak about the conflict between omnipotence and impotence, where as a rule he felt trapped whenever he established a relation.

To be sure, I was aware from the initial interviews that Matías was suffering from a manifest perversion. From the beginning of his analysis I was alert and also expectant, trying to discern how the perversion would make itself present in our relation. The episode I have just recounted, occurring relatively early in the process, took me entirely by surprise and showed me that the alteration perversion embodies is by far more profound than I had ever imagined, for it extends to the conditions of intersubjective communication themselves, transgressing certain implicit rules of logic that are the condition of possibility of dialogue between human beings. Strictly speaking, however, in this case the transgression of logic (bi-valent, Aristotelian logic) is nothing but the eruption of an anti-logic, symmetrical logic (Rayner, 1995, p. 54).

Matías worked successfully in a branch of engineering closely involved with the management of space, but even so he appeared not to share with me an estimate of the imaginary space separating us. My interpretation of the denial sought to rechannel the symptom into the intersubjective field, into the experience of feeling demeaned and impotent, experiences that belong to the everyday world of any human being.

In the psychoanalytic literature, I have found that the depicted perverse phenomenon comes out only in those clinical reports that are centred on countertransference. For example, when Chasseguet-Smirgel tries to describe her first experiences in the analysis of Rose Sélavy, she writes,

The gap between the way her mind and mine functioned . . . was so great that a faithful account of the sessions could have been possible only through the use of a tape recorder. This meant that I had to translate a phrase of hers into my own language and logical categories. I had little success at this, and was incapable of memorizing at the same time the strange distortions which punctuated her speech. To remember them, I would have had to succeed in identifying myself totally with her mental processes. The fact that we spoke two different languages . . . was obvious to me and caused me real counter-transference suffering. [1992b, p.132, my italics]

A similar situation describes Etchegoyen in the analysis of a homosexual woman. Confronted with the difficulties of reaching a consensus, he comments,

Her bold, contradictory statements provoked in me perplexity and uneasiness. If I tried to reduce it by interpreting her obvious contradictions, an irreducible resistance came across, sometimes accompanied by the statement that I was trying to impose my ideas on her. [1977, p. 68, my italics]

In an advanced stage of treatment, the patient herself recognizes the existence of *another logic*, as she says, “I think I have in me a plane where my thoughts are ruled by laws that I don’t know. In a way, I am trying to make this thinking speak and express itself . . .” (*ibid.*, p. 76).

In the literature, there is a certain tendency to ascribe this phenomenon to a “need to distort and deceive” of the perverse

patient (see Maldonado, 2002). I think that the kind of obstinacy that we find in the analysis of perversion is much more “the reflection of a state of mind in which reality is at the same time accepted and denied” (Steiner, 1997, p. 156, my re-translation), than an intentional mental act. As Etchegoyen’s patient shows, the perverse patient knows, and at the same time does not know, that she or he is moving between two systems of logic. The characteristic feature of the perverse structure is precisely the ability to keep both systems of logic reconciled.

In Matte-Blanco’s terms, the perverse structure is a bi-logical structure, characterized by a symmetrization between a bivalent and a symmetric logic. In perversion surfaces, as it were, a double symmetrization. The perverse mind does not recognize the incommensurability and contradiction between the two logics; in the patient’s mind coexist the bivalent with the symmetric logic, and both are, as it were, contained inside a fold of symmetric logic.

It is well known that the perverse atmosphere is impregnated with excitement. In Roman Polanski’s film *Bitter Moon* (1992), a perverse couple seduces a younger couple who were experiencing difficulties in their relationship. At the beginning, the seducers create an atmosphere charged with suspense and mystery; in the air float promises of inexhaustible occult pleasures. However, as the drama unfolds, violence infiltrates the erotization in an increasingly manifest way, until the seduced couple react in terror, appalled at how they could have allowed themselves to become so deeply enmeshed in siren calls that were ultimately revealed to be a trap, a set of lies, and a trick. Something like that is what happens to the analyst.

During Matías’s treatment, there were periods of intense erotization when his speech overflowed with allusions that awakened in me sexual fantasies that were varied and polymorphic. However, as a rule, a moment would come when my arousal would go cold, as if doused with cold water. I could not empathize with his complicated way of masturbating, in front of a mirror, firmly tying with a string his erect penis to his thorax at breast level, forming a mound over which he placed a brassière, probably stolen beforehand in the neighbourhood. In fact, a spectacle of that nature led me to feel discomfiture and compassion.

Becoming distanced from erotization can happen very quickly if the analyst can put his finger on the countertransference response that had made the relation symmetrical, or else take months, even years, as in the following case of a patient who was in psychoanalysis for four years, with a four-times-a-week frequency. He is not, to my mind, a patient with a perverse structure, but one with narcissistic and perverse defences in a neurotic character structure. The treatment report for this patient has been published *in extenso* elsewhere (Jiménez, 1988; Thomä & Kächele, 1988, pp. 343–351).

Pedro Y came to my consulting room complaining of premature ejaculation, a condition that placed his marriage in danger. He explained that at puberty, when he was between twelve and fourteen years old, he had been seduced innumerable times by his alcoholic father. After returning from the long absences his work demanded, the father, while telling fascinating stories and drinking, would begin to caress the son; this generally ended up with the father on his knees sucking the erect penis of his adolescent son until he ejaculated into his father's mouth. Only after two years of analysis did I discover my collusion with my patient. Pedro Y was an educated and intelligent man, and he brought an abundance of dreams to the sessions. For two years I maintained my interest in his dream material, which would germinate in my mind until blossoming into "brilliant" interpretations. After this period, I understood the narcissistic character of the collusion, where symbolically we practised mutual "analytical" oral sex (interpretation enactment).

Summing up, one could state that perversion appears in the analyst's mind like a surreptitious and surprising transgression of the basic agreement that makes possible and provides a structure for intersubjective encounter, extending even to the alteration of the rules of Aristotelian logic. When coming into contact with the pervert's psychical reality, in the analyst's mind a world is configured whose atmosphere is misleadingly coloured by erotization that, sooner or later, will acquire some characteristics of violence. The perverse nucleus remains, as a false reality, dangling in mid-air like an experience that is inaccessible to the analyst's empathy. The only way to reach it is from its "periphery", indirectly, trying to bring it back to its intersubjective roots.

*From phenomenology to the explanatory theory
(metapsychology)*

Let us leave for now the “comprehensive” moment, a function of the phenomenological approach (*Verstehenpsychologie*), to examine the explanatory moment (*Erklärenpsychologie*), a function of metapsychology. The idea is to understand the particular type of relation that I have described above on the basis of the peculiar configuration of the object-world of the perverse patient.

In his brief 1927 article on fetishism, Freud provided a new direction for his metapsychological ideas about perversion. Supported by new clinical observations, he added that the denial of castration implied a splitting of the subject’s ego (*Ichspaltung*). This means that the perverse subject has a “dual attitude” towards reality: on the one hand, he affirms castration and, on the other, denies it. As I have tried to show, from the intersubjective point of view, the relation with the perverse patient is structured, precisely, on the basis of this duality.

After Freud, diverse authors have contributed to constructing a theory to explain this clinical phenomenon. For Khan (1979), perversion represents a compulsive attempt to create an experience to conceal and partially substitute the absence of the feeling of being alive as a human being. For his part, McDougall (1978, 1986) suggested that the perverse patient has a need to generate “neo-sexualities” in an effort to construct a sense of himself, even at the expense of the self and being left with a fragmented, defensive, and unreal sexuality. Chasseguet-Smirgel (1984) has pointed to the omnipotent pretension inherent in denying the limits of sexual possibilities as a way of protecting oneself from the terrifying awareness of differences in gender and generation. Riesenbergh-Malcolm (1970) illustrated clinically and technically the idea that the analysis of perversion is not a matter of dissecting the symbolism of the perverse act, but of analysing the experience of perversion in the transference as it unfolds in the relation with the analyst. Joseph (1971) introduced similar ideas, affirming that perversion could only be resolved to the extent that the analyst could discover and interpret it in the transference. The erotization of the relation, the use of words or silence to project arousal on to the analyst, passivity to provoke his impatience and lead him to act out in interpretation, are

all—in Joseph’s view—in the service not only of getting rid of painful feelings, but also of attacking the analyst. On the basis of these ideas, Etchegoyen introduced the concept of “transference perversion” as a specific form that “endeavours to unify the diverse clinical phenomena that are observed in the treatment of this group of patients” (1977, p. 78). For this author, transference perversion is characterized by the erotization of the relation, by a peculiar type of narcissistic object relation that permanently tries to construct a delusional subject–object unity, and by the use of communication to provoke excitement and impatience in the analyst. These features accompany the entire therapeutic process, as does a polemical and defiant attitude, generally latent, which, for Etchegoyen, must be uncovered and referred to the dissociation of the ego, subject–object confusion, and the transformation of desire into ideology.

With Ogden (1966), we may conclude that it is now widely accepted that the analysis of perversion is not so much a case of decoding and interpreting fantasies, anxiety, and unconscious defences, acted out in and represented by perverse sexual activity, but, to a far greater extent, one of understanding and interpreting the transference phenomena, constructed on the foundation of the perverse patient’s internal world (Meltzer, 1973). Even so, Ogden takes a further step and adds that analysing the perverse transference is only possible from an understanding of the intersubjective relation as it unfolds in the analytical situation; that is, from understanding and analysing the analyst’s countertransference.

On this basis, Ogden proposes a metapsychological theory to account for the dynamic movements of the intersubjective phenomenon described above. He starts from the commonly accepted psychoanalytic idea that the development of a “live” sense of oneself arises along with the internal conviction that one’s parents constitute a generative and loving sexual couple. In the perverse patient, by contrast, this conviction does not exist, or there is even the contrary, intolerable conviction of a primary scene experienced as dead. Perversion, then, consists of the compulsive and futile effort to extract life from a dead couple. Perversion implies a form of excitement derived from the cynical subversion of the (alleged) truth of the vitality of the parental coitus, whose source of life is experienced as inaccessible and probably non-existent. That is, the parental sexual relation, in appearance generative and loving, is

experienced as a lie and a fraud. Thus, there is a degree of symmetry between generative sexuality and empty sexuality, truth and lies. For Ogden, an important method to try to infuse life into the empty primary scene is the experience of “flirting with danger”.

At many periods in his life, Matías accomplished incredible feats to get hold of brassières he did not possess and that were an essential part of his perverse ritual. Concealed in the darkness of summer nights, he would even manage to clamber up to the balconies of the houses of his village, creep through half-open doors into bedrooms where couples slept deeply and steal women’s bras-sières. The mental state of omnipotence, during which he never felt fear and was capable of enormous physical effort, in contrast to the feeling of disability that generally accompanied him in everyday life, made those acts into real “maniacal orgies”.

While the above-mentioned metapsychological theories make it possible for us to gain a degree of insight into the perverse patient’s internal world, to my mind they do not manage to explain sufficiently the way perversion surfaces in the intersubjective relation. Implicit in these theories is the equivalency of reality and life, and of life and truth. Thus, one understands that the perverse patient presents to us only a “neo-sexuality”, in reality a pseudo-sexuality, a false and misleading sexuality, not generative or loving. However, if we do not manage to connect metapsychological theories with the early processes of communicative interaction between the mother and her infant, and these with the interaction between patient and analyst, such theories are at risk of being no more than empty metaphors. In this sense, Krause’s (1993) ideas about the perverse structure offer us a more integrated path between phenomenology and metapsychology.

Perversion and the early mother–infant relation

Starting from a reformulation of the concepts of impulse (*Trieb*) and affect, which brings together ideas borrowed from ethology and modern research on development and the early mother–child relation, Krause seeks to define the characteristics of the perverse structure. The definition of impulse he presents is not based on the erogenous zones, but on the notion of instinct and the “genital

principle". In turn, instinct and the genital principle are defined as the "mute" hierarchical organizational framework of conduct, which includes the following elements: motivation, urge, and terminal action. In this context, affects are understood to be the desires the subject may express with regard to the object. Thus, he considers affects to belong to the field of urges. As a result of this, he considers perverse structures as "impossible combinations" of affects and urges, on the one hand, and terminal action on the other. Examples of such impossible combinations are anger and voluptuousness (lust), fear and voluptuousness, or revulsion and voluptuousness. In Krause's own words:

Anger, as an affect, belongs to the sphere of the regulation of autonomy. That is why, in general, anger, with the propositional structure 'you, object, disappear; I, subject, remain,' is not compatible with sexual actions, because the object is rejected. Thus, as long as the anger is not counterweighted by another affect, rapprochement with the object cannot be achieved. Under the conditions of a sub-group of perversions, which Stoller described as the erotic form of hatred, the relation between affect and impulse is inverted. The urge 'rage' becomes a requirement for any sexual action. Then we have the case of a combination of anger and voluptuousness. Depending on how serious the pathology is, this combination can occur in the context of erotic play or must be dramatised in the real world. The sexual action is now at the service of the regulation of autonomy and ensuring domination and power . . . The same is true of the relation between anxiety and sexual conduct. In perverse conditions, anxiety can become the requirement for sexual sensations and pass into the service of assuring the integrity of the self. [1993, pp. 192ff.]

Krause explains the combination of disgust and sexual enjoyment, a feature of certain perversions, by referring to a second motivational system, attachment:

For a really erotic and sexual experience to be produced, a secure bond is indispensable, because empathy with the experience of the other represents the prior condition for the dissolution of the I-you limits in orgasm. Normally, the affect 'revulsion' is absolutely inhibitory for this type of motivational system because it has a propositional structure (you, object, get out of me!), according

to which a damaging object, located in the domain of the system of the self, is catapulted out of the subject . . . A group of serious perversions is characterised by the interest in the relation with an object that normally produces massive disgust and where disgust produced like this is a condition for sexual action. [*ibid.*].

Let us now consider again the phenomenology of the perverse relation as it unfolds in the analytical situation. As stated above, the analyst is disposed to empathize with his patient. Indeed, in this process our starting point is the hypothesis that we share the same world with the patient. The surprise I described is produced when we encounter any of these “impossible combinations” that prevent us from understanding, “from the place of the other”, the relation between the voluptuous desire and anger, anxiety or revulsion, as the case may be. At that moment, emotional attunement fractures, like a mirage of understanding that disappears abruptly to give way to what is alien, incomprehensible. To paraphrase Krause, we can then say that the analyst’s empathic identification with his patient’s perverse nucleus is an “impossible combination”.

Such impossible combinations that pervert the basic levels of the “natural” relation with our body, that is, with our self and others, are, in fact, “impossible symmetrizations”. With regard to the origin of an “anti-logic” of this sort, Rayner suggests that many consistent abusers, especially if they make a ritual of it, go to lengths to *excite* themselves and their child victims by systematic perversion of normal *logical forms*. For example, the abuser will often initiate the child into a sort of secret language or code, full of innuendo, which is exciting just because it flouts everyday verbal-logical usage. Thus, the child may be taught that when the abusing adult uses the word “nasty” it means “nice”, and vice versa; “good” equals “bad”; “bum” equals “mouth”; “willy” (penis) means “tongue”; “fanny” (vagina) equals “bum”, and so on. The child is being tempted into symmetrizations that are remarkably exciting (1995, p. 54).

Rayner concludes—alluding to the phenomenological nucleus we have described as specific to the perverse structure—by suggesting that “*it is strange for most of us* when we hear that this simple flouting of logical-linguistic rules has such potential for excitement” (*ibid.*, my italics).

Now, a psychoanalytical explanation is not complete if it does not include developmental psychological considerations, that is, if it

does not make clear the conditions of its psychogenetic origin. The metapsychological theories I have summarized do not say much about the psychogenesis of perversions. Stoller (1975) suggested that the essence of perversion is the "conversion of infantile trauma into adult triumph". Thus, patients are encouraged in their fantasies by the compulsive desire to avenge the infantile traumas of humiliation caused by the parents. The perverse method of revenge is to dehumanize and humiliate the couple through fantasy or the perverse act. Perverse activity can also be understood as a flight from personal relationships. Perverse patients have not completed the separation or individuation of the intrapsychic representatives of their mothers. In consequence, in their identity as separate persons, they feel constantly threatened by fusion with, or being engulfed by, external persons or their intrapsychic representations.

Perverse sexuality would then be the terrain where they would affirm their independence, so defying the influence of a despotic maternal imago. This would explain the relief perverse patients feel immediately after carrying out the perverse act, because of the feeling of triumph over the internal controlling mother. From Kohut's (1971, 1977) point of view, perverse activity is a desperate attempt to re-establish the self's integrity and cohesion in the absence of any empathic responses from others. Fantasy or sexual activity can help the patient feel alive and intact when faced with a threat of abandonment or separation. Perverse behaviour during psychoanalysis can, thus, be a reaction to failure in the therapist's empathy, leading to temporary interruptions in the undifferentiated matrix established between patient and therapist.

According to Weldon (1993), the origin of perversions must be understood in the context of a perverse mother-child relation, of a mother that abuses her children as if they were a part or prolongation of her own body.

Matías's relationship with his mother was enormously ambivalent. On the one hand, he claimed to hate her because she was intrusive and domineering; on the other, he said that he communicated with his mother wordlessly, felt extremely close to her, and knew her as well as he knew himself. When he was small, his mother, a seamstress, used to dress him in girl's clothing to show the styles to her clients. He would describe a mother who guessed his desires, intentions, and most intimate fantasies, and who used

this knowledge to dominate and subjugate him. Certainly, he, too, claimed to know her even in her intimate being. Thus, a symbiotic relationship was configured between mother and son; indeed, life without her was unimaginable for him. The father figure, by contrast, was much more of a blur. He described him as a person who was quite uncommunicative and schizoid, who, whenever he became annoyed—and he was very irritable—would go completely silent and withdraw from the place. Matías experienced him as distant and absent. He had never received any advice from him, never had any physical contact with him, nor had they ever played any sport or game together. In his account, the two older brothers barely figured. My impression was that mother and son formed nearly a single being, around which orbited a weak and indistinct father.

For Welldon,

the opportunity that maternity offers to have complete control of a situation creates the right pre-conditions for certain women, who have suffered harmful or traumatic experiences, to exploit and abuse their children. This is how the mothers of maltreated children, transsexuals and—especially—sexually perverted men are constituted. [1993, p. 91]

According to this author, mothers who display perverse tendencies towards their offspring do it during the child's first two years. Maternal perverse tendencies include non-recognition of the baby's gender, transgression of the limits imposed by the incest taboo, seduction, and inappropriate over-stimulation of the genitals. All of these tendencies are considerable obstacles for the small boy or girl's individuation and encourage the formation of highly ambivalent symbiotic object relations, because of the considerable humiliation and narcissistic injury they inflict on the child.

Krause suggests that patients use impossible combinations of affects, urges, and terminal actions to protect and preserve their identity. These processes to repair and secure identity are obtained by sexualising the body image. Constructing the body image as a building block in the formation of identity is built into object relations. According to *social referencing theory* (Emde, 1989), the baby perceives the object world, and with it also his own body, according to the affect displayed by significant others. If, for example, the

genital region elicits disgust in the adult carer, then the handling and daily over-stimulation of this region will be accompanied and marked by the affect “disgust”. Krause’s research has demonstrated that such expressive phenomena are mostly uncontrollable, unconscious, and quite frequent. In such conditions, Pavlovian conditioning processes are set in motion, and this means that the stimulation of this region of the body image will fall under the domination of propositional structures—in this case, disgust. Instinctual excitation will, thus, be over-modulated by the object relation. From a subjective point of view, a situation like this leads to the very protected genital region’s being “uncoupled” from the body scheme. As many authors have indicated, the fetish is a pathological type of transitional object whose function is to cover over this “hole” (Greenacre, 1969; Morgenthaler, 1984). The ensuing anxiety at the loss of the genitals (castration anxiety) then falls on a body image already exhibiting a sensory vacuum in this zone.

Ogden (1966) affirms that it is now widely accepted that the analysis of perversion is not so much a matter of decoding and interpreting fantasies, anxiety, or unconscious defences which are acted out and represented in perverse sexual activity as, to a far greater degree, a matter of understanding and interpreting the transference phenomena. This idea is consistent with those presented above, for such instances of pathological learning where sexuality is uncoupled from its “natural” goals, leading to impossible combinations, are inscribed in implicit non-declarative memory and, thus, in a non-symbolic level. Access to such body-based schemes is only partially possible, precisely through therapeutic work centred on the non-verbal aspects of the bond, that is, through understanding and analysing countertransference (Fonagy, 1999; Leuzinger-Bohleber & Pfeifer, 2002). The perverse object-world, where the parental couple and, with it, sexuality are felt to be empty, non-generative, and misleading, must then be taken as an epi-phenomenon whose earliest origin must be sought in the violent subversion—induced by pathological mothers—of sexual impulses that are thus blocked in their “natural” terminal action and placed in the service of other urges.

Naturally, it is worth enquiring whether Krause’s psychogenetic hypothesis about the “impossible combination” of affect and sexuality induced by a pathological mother sufficiently accounts for the

origin and perpetuation of the pervert's internal world. This question is related to the present controversy in psychoanalysis around the relation between environment and structure, in other words, about the scope and limits of a developmental understanding of personality and psychological disorders. Fonagy states the central point of the discussion as follows:

The relationship of actual experience and its representation is greatly complicated by the fact that comparable caregiver behaviour may be experienced and encoded differently by different infants. While contextual factors, for example, small differences between the caregiver's behaviour towards two siblings (non-shared environment), may account for some of these effects, *distortions in the child's perception due to internal states of fantasies, affects, and conflicts are also likely to play a part.* [2001, pp. 185–186, my italics]

Discussion: phenomenology and theoretical pluralism in psychoanalysis

The reader may have found it striking that, in attempting to explain the clinical phenomenology of perversion, I should have appealed to a broad range of authors belonging to rather different theoretical currents in psychoanalysis. Also, that, in proposing a psychogenetic hypothesis for perversion, I should have relied on ideas that proceed from empirical research on affect communication and the mother–child relation. Such research introduces concepts that are not psychoanalytical in their origins and are instead borrowed from ethology, cognitive science, and learning theory. A possible objection might then be that there are different degrees of non-uniformity in the approaches I have used, and, thus, that my own work will lack consistency and internal validity. Without becoming involved with the thorny problems the crisis around consensus and the acceptance of pluralism represent for contemporary psychoanalysis, I find support in those who affirm that the *a priori* condition of possibility for any theory in psychoanalysis and for any dialogue between psychoanalysts is that a reality transcending the observer exists, even when it may be apprehended only in a partial and fragmentary way (Cavell, 1993; Hanly, 1990; Strenger, 1991). On the other hand, to assume an intersubjective point of view does not

in any case eliminate the concept of an objective world with which we are in contact and regarding which we strive to be more or less objective. As Cavell affirms, "both a real, shared, external world and the concept of such a world are indispensable to propositional thought, and to the capacity to know one's own thoughts as thoughts, as a subjective perspective of the world" (1998, p. 79). An idea like this opens the door to pluralism, that is, to a middle way between a situation of total non-uniformity among theories and theoretical monism that could only be upheld from an authoritarian posture.

In this sense, I base my argument on the fact that when we speak of perversion and perverse structure we are referring to phenomena that, *in principle*, can be observed and described by another observer, independently of his theoretical stance. A different matter is what theory is invoked as explanation. By reading the material referred to above, especially certain telling fragments I quoted, I feel confident that the authors share implicitly the clinical description I have made explicit. As I suggested at the beginning of this chapter, one of the problems at the root of the contemporary confusion in the dialogue among psychoanalysts appears to reside in the relative lack of a discipline making it possible to lay out clinical phenomena in a way that would make discussion possible. Too quickly do we ascend to the terrain of metapsychological speculation, where the more abstract theories obscure the freshness of the emerging phenomena and open the way to ideological and group dynamics and other remote phenomena. Of course, an objectively orientated psycho-pathological description, in the style of classical psychiatry, does not do justice to the psychoanalytical point of view. My belief is that phenomenology, by incorporating the intersubjective nature of clinical phenomena, brings to bear the requisite discipline to describe them *in statu nascendi*. (Assuming that in metapsychology one can differentiate the level of clinical theory from the properly metapsychological one (Klein, 1970), one can say schematically that, at the clinical level, the psychodynamic is "configured" in the analyst's mind and "organizes" the patient's material, with this making possible the conjoined *understanding* that, via interpretation and insight, contributes to therapeutic change. Metapsychology as a *hypothesis*, by contrast, has a function of *explaining*. It is at this latter level that a developmental

psychopathology—compatible with the results of modern research on the mother–child relation—can complement and eventually correct metapsychological explanations.) I have affirmed that metapsychology is the translation into theory of what in the analyst's mind appears immediately and experientially when immersed in the relation with his patient. This immediate apprehension happens, for the most part, outside the analyst's conscious awareness, and this ultimately translates into writing that fails to describe explicitly how the psychopathological structures impact on the analyst's mind. But phenomenology teaches us to make explicit the clinical situation's implicit aspects. In following the method of phenomenological introspection, I believe I have shown that it is possible to redefine clinically, as Amati Mehler (1995) requested, the concept of perversion, without abandoning the psychoanalytical method.

Summary

After stating that the current tasks of psychoanalytic research should fundamentally include the exploration of the analyst's mental processes in sessions with the patient, the author describes the analytical relation as one having an intersubjective nature. Seen from the outside, the analytical relation evidences two poles: a symmetric structural pole, where both analyst and patient share a single world and a single approach to reality, and a functional asymmetric pole that defines the assignment of the respective roles. In the analysis of a perverse patient, the symmetry–asymmetry polarities acquire some very particular characteristics. Seen from the perspective of the analyst's subjectivity, perversion appears in the analyst's mind as a surreptitious and unexpected transgression of the basic agreement that facilitates and structures intersubjective encounters. It may go as far as altering the Aristotelian rules of logic. When coming into contact with the psychic reality of a perverse patient, what happens in the analyst's mind is that a world takes shape. This world is misleadingly coloured by an erotization that sooner or later will acquire some characteristics of violence. The perverse nucleus, as a false reality, remains dangling in mid-air as an experience that is inaccessible to the analyst's empathy. The

only way the analyst can reach it is from the “periphery” of the patient’s psychic reality, by trying in an indirect way to lead him back to his intersubjective roots. At this point, the author’s intention is to explain this intersubjective phenomenon in terms of metapsychological and empirical research-based theories. Finally, some ideas on the psychogenesis of perversion are set forth.

Discussion of Juan Pablo Jiménez's paper, "A psychoanalytic phenomenology of perversion"

Rainer Krause

Juan Pablo Jiménez's work is an ambitious attempt that begins with the premise that the peculiar clinical disease, perversion, and its manifestation in the mind of the analyst, is directly related to itself on the one hand, fundamental epistemological questions concerning psychoanalysis in its theoretical dimension, and, on the other, a clinical phenomenology that provides its exact scope to the particular case. He then transports the intersubjective phenomena to the known metapsychological theories of perversion, with the aim of testing its usefulness, by means of two criteria: first, if the theories depict the intersubjective phenomenon and, second, if they have an explanatory value founded ethiologically that help us to grasp their origin and persistence.

Interactive access implies the origin of inferences and emotions and, with that, transferential–contratransferential processes that come up in the analyst's mind in the formation of concepts. With this paper, Juan Pablo hopes first to be able to clear up "linguistic and conceptual confusion" that he considered make up psychoanalysis's current epistemological situation. It is his proposal of how to move against the "babelization" that predominates today.

Perversion is particularly appropriate for this purpose because, in view of the patient's attempts to save himself, a specific intersubjectivity mode is created that alters the realities of both the analyst and his patient, in such a way that the analyst only apparently moves in a jointly created intersubjective reality. Inadvertently, the patient creates a second psychic reality whose essential characteristic consists of the impossibility to share it with, or to be understood by, anybody else. Similarly, this paradoxical creative process, when he eludes the defining inequalities and differences established between therapist and patient, by means of artificial and astute mental and behavioural arrangements, contributes to the analytical intersubjective situation in such a way that both parties end up traipsing like "pig brothers" through the same unconscious world, working against the analytical process. Also contributing to the situation is the fact that this way of proceeding does not reduce to a countertransference problem of the analyst, but, rather, as a core moment in the construction of the patient's world, it becomes an inevitable element, and it does not have to be avoided either; without its installation in the here and now, there is no psychoanalytical treatment possible. The paradox consists of a human being looking for the help of another and, at the same time, unconsciously insisting that his psychic reality cannot be shared. The above leads the analyst to a situation that Juan Pablo characterizes in the following manner: officially, the patient acts as if he were in the same world at the same time as he secretly makes it known that the idiosyncratic pseudo-reality is the true one, which, none the less, is and must continue to be inaccessible by the analyst.

This situation, which Juan Pablo characterizes as a trap, makes up—I might add—the existential conflict of the patient who, at the time he separates himself from the world, that is, when he manages to drag and involve the analyst in his idiosyncratic world, fears losing all his help, because now we have two crazy people who are beyond having company. On the other hand, keeping the secret involves eternal solitude. In the context of this paper, the question of which reality parameters are idiosyncratic is not so important. They go back to, as has been described by Freud, the denial of sexual and generational differences. From an epistemological and treatment technique point of view, Juan Pablo considers it most important to point out that the analyst's act of understanding

consists of enabling, for a long enough time, the patient implicitly to assume that, even though his world is incomprehensible, the analyst knows it and—this is the ultimate secret—he feels as attracted to it as the patient does. Thus, communications and speeches from the borderline between the two worlds become at least possible for prolonged periods. In the case described by Juan Pablo, the patient had created an unhinged mental reserve in which the analyst could perceive his face and, with that, immediately get access to his emotions, in spite of knowing or being supposed to know that through the spatial arrangement and according to the laws of physics, this was totally impossible.

The interpretation of humiliation, represented by the change of *setting* from seated to lying down, managed in this case to lighten the hallucinatory force of the denial. For my part, I do not have too much faith in these types of interventions in such patients and, as Jiménez himself said in a well thought out summary, one can approach the evil core, the false reality "dangling in mid-air like an experience that is inaccessible to the analyst's empathy", only from the outer surface and indirectly "trying to bring it back to its intersubjective roots". Thus, I would understand the patient making an attempt at a solution into a more cognitive way. What happens to you, and to us, when I cannot even see your face and what would happen if I could see it defying the laws of physics? Such attempts at understanding made from the periphery are gentle enough, in so far as they come from the therapist and do not threaten the patient's primary autonomy.

The discussion of the metapsychological psychoanalytical approaches to the phenomenon, made by Khan, McDougall, Chasseguet-Smirgel, and others, even when it is correct, does not have major importance for the underlying intention of this paper, given that the author—quite rightly, in my opinion—concludes that, although indeed it does enable us to access more or less coherently the patient's internal world, it does "not manage to explain . . . the way perversion surfaces in the intersubjective relation" (p. 14).

In my opinion, in this place, based on a similar situation that I myself have experienced in the theoretical field and in treatment, he is obliged to return to our representational world. From 1996, following Tomkins and early Freud, we consider that the driving

forces and the affects are, in several senses, separate, even opposite, processes. In the first place, due to its philogenetic origin, and due to the cerebral physiology and its function in the regulation of human life.

I tried to describe that there are several ways to define drives: one approach is for the drives to be defined out of the so-called final acts: that is, we speak of hunger when a person is “driven” to eat, of sexuality when a person is “driven” to genital satisfaction. The defining characteristic is, in Freud’s terminology, the handling of the erogenous zones to end their activation. The drive goal (*Triebziel*) would be to end the activation of the drive source (*Triebquelle*), leading to the above-mentioned signal of “lust” as a form of reinforcement.

The other idea considers drives as organizing principles—as, for example, the genital principle. It postulates that these principles themselves are invisible and silent, and that they grow noisy and visible bit by bit only in an affective realization with the partner or the outside world. For both conceptions there are, in ethology, important considerations. According to theories of the human ethologists, instincts are to be seen as organizing programmes with the following constants:

- they are hierarchically configured;
- at every hierarchical level there are several antagonistic organizing centres that, once activated, are mutually inhibiting;
- between the single organizing surfaces there are unspecific behaviour segments, the so-called appetite behaviour;
- the drive cycle ends with the final act, which is the activation of the erogenous zones, leading to discharge experienced as reinforcement (lust).

Running through the whole organization, at every level, it comes to acts, which open up the next type of appetite behaviour: finally, the erogenous zones are discharged, leading to the final acts mentioned above, which are identical with the drive concepts—that is, copulating, eating, flight, and so on. Without wanting to transfer the conception of instinct to human beings, there is enough confirmed knowledge that three hierarchical organized areas with partial antagonisms can be distinguished: the attachment, autonomy,

and sexuality motivational systems. Although we do not see them as instincts, these systems are, in their organizational structure, hierarchical and have antagonisms at the same level, a large temporal part being characterized as appetite search behaviour and specific final acts. Given that affects in phylogenesis develop from "appetitive behaviour", we will look there for the place they come together. Affects facilitate drive activity when they appear in the same area of organization and inhibit them when they appear in another area.

Fear, for example, inhibits autonomy and fight, but works as a facilitating factor for attachment systems, as shown in the identification-with-the-aggressor phenomenon. Disgust inhibits attachment and incorporation, but not autonomy regulation. Happiness facilitates attachment and seduction, but inhibits flight and aggression. So, usually, the first seven months are dominated by happiness encounters—up to 30,000 between mother and child. The affects are usually embedded in the organizing programmes that they fit. So, the condition for sexual copulation is a general attachment and courtship behaviour—otherwise the partners would not come together. Another condition is that autonomy is more or less arranged, otherwise copulation would be settled in a dominance–submission context.

Under certain boundary conditions that can end up in pathological solutions, the relation between affect and drive is reversed, and the programme, including the "final act", is used in order to counteract and sedate an affect that seems unbearable. This solution relies on the biological incompatibility of the two. The typical impossible combination for perverse solutions is disgust–lust.

Safe attachment is indispensable for a real erotic sexual experience, because empathy for the experience of the other represents the condition for the dissolution of the I–you limits in orgasm. Normally, the affect of disgust totally inhibits this type of motivation system because it has a propositional structure according to which a toxic object that is localized in the self is expelled out of the subject. A very large group of people with very fragile solutions can be characterized by the enactment of sexual relations with an object that would normally provoke massive disgust in the partner. This enactment of disgust now becomes a precondition for the sexual action. One function of the enactment is testing the object to see

whether it can stand the affect without expelling the subject; another is the handling of dangerous fusional ideas between the subject lover and a toxic object that is not supposed to enter the self. This disgust interaction has a restitutive function for the body schema boundaries also, though not for the inner identity. We have pointed out that there is often a compensatory relation between body self and intentional self in such a way that the one can be used to compensate the faulty other. The precarious definition of self-identity is tightened to the body schema, precisely because there are no identity characteristics in the area of the intentional self. All of these patients use external attributes of their body as synonyms of the self. This idolizing of the body and the simultaneous hollowing out of the intentionality has, in fact, been described by all authors Juan Pablo has mentioned. Against this background, the sexual act is one of the rescue fantasies to conserve identity and to inner refill, and the disgust component protects from a diffusion of the I-you limits during the act. It can be shown that seeing and hearing disgust behaviour in others' facial expression or regurgitating activates the same insula regions as experiencing disgust. This means that, at least at the level of the neuroanatomical activation patterns, the I-you boundaries are completely blurred. This has a high survival value. The observing subject learns in one trial that the substance the others were consummating is toxic. Thus, the understanding of basic aspects of social cognition depends on the activation of neural structures normally involved in our own personally experienced actions or emotions. In empathy for pain, the same structures are activated as those for disgust. The most frequently shown affect in the face on seeing mutilation of a human body is disgust, not fear, and disgust is an affect that is active from birth on—at least in the face of the baby, but also in that of the mother. The problem of which mechanisms mediate the distinction between "who" is really acting and first feeling an emotion when an individual is observing actions is central for the definition of intentionality (Krause, 2006a).

Juan Pablo Jiménez seeks to apply this concept of the impossible combination of pulsion and affect to the understanding of the constitution of intersubjective reality in analysis. Like us, he believes the employment of such "impossible combinations of affects and terminal acts" serves only to help conserve identity

when in the presence of a psychotic imbalance or self-destruction. Empathetic identification of the analyst with the evil core is one such impossible task, which I have described above as paradoxes. In a recent paper entitled "The disgusting body in psychoanalysis" (*Der eklige Körper in der Psychoanalyse* (Krause, 2006b)), I have described through several clinical cases that the art of the treatment consists, in fact, of meeting this impossible condition according to which the analyst "loves" a "disgusting patient", who, in his attempt to save himself and the analyst, behaves in an incomprehensible manner; of course, he does not "love" him in the field of sexualized and destructive excitation, but through the interest and admiration of the grandiose but failed performance of self-healing, that is, of psychic survival. Finally, Juan Pablo takes up again his original epistemological question and wonders if access to intersubjective reality prevents the babelization of psychoanalysis precisely because it does not consider the objective world. He rejects this assumption using the following argument: "when we speak of perversion and perverse structures we are referring to phenomena that, *in principle*, can be observed and described by another observer, independently of his theoretical stance" (p. 21).

In my opinion, this paper meets precisely this empirical test. It is a creative paper, comprehensive, stimulating, and, clinically, extraordinarily useful. One can only hope that Juan Pablo Jiménez continues to follow the trail he has blazed.

A fundamental dilemma of psychoanalytic technique. Reflections on the analysis of a perverse paranoid patient

Juan Pablo Jiménez

The title of this work refers to the—sometimes insurmountable—technical difficulties faced by the therapist in the treatment of patients with severe disorders, particularly narcissistic or self-centred patients. Such difficulties arise because the interpretative action in itself often produces negative side effects which are not offset by the benefits of the insight gained from the interpretation. This paper addresses the general topic of the traumatic effects of transference during the course of analysis (see Thomä & Kächele, 1988, pp. 9–10).

Although by no means new to psychoanalysis, this problem is still largely overlooked in discussions on technique, which tend to idealize the merits of interpretation. The interminable debate surrounding “analysability”, which assumes that it is the patient who should adapt to technique, has meant that the problem has been systematically disregarded. After a brief theoretical introduction, I will present clinical material intended to illustrate both the difficulties that hindered my attempts to apply a technique based exclusively on transference interpretations, and the specific modifications I was forced to introduce. It was precisely these modifications that made it possible, as the process developed, gradually to

centre more on transference analysis, in the strict sense of the term.

A fundamental dilemma

As long ago as 3 May 1932, Ferenczi (1988) entered the following reflections in his clinical diary, which has only recently been brought to public attention (his notes bear the thought-provoking title of “Unconscious struggle of sensitivities between patient and analyst”):

Occasionally one gets the impression that a part of what we call the transference situation is actually not a spontaneous manifestation of feelings in the patient but is created by the analytically produced situation, that is, artificially created by the analytic technique.

At the very least the interpretation of every detail as expressing a personal affect toward the analyst, which Rank and I have perhaps exaggerated, is likely to produce a kind of paranoid atmosphere, which an objective observer could describe as a narcissistic, specifically erotomanical delusion of the analyst. It is possible that one is all too inclined to assume too quickly that the patient either is in love with us or hates us.

This appears to be an all too literal repetition of the child–parent relationship; in childhood, too, excessive affects, especially feelings of love, are presumed by adults to exist. The child is constantly exhorted to have such feelings, undoubtedly a curious form of suggestion, that is, a smuggling in of emotions that are not spontaneous and in reality are nonexistent. It may be enormously difficult to free oneself from such a trap and succeed in being one’s own self. If the suggestion is effective, the child will be obedient, that is, it is well content in its dependent state. It may be rather different in cases where a perhaps precociously developed intelligence makes blind submission difficult. Such children become ‘bad’, ‘obstinate’, and even ‘stupid’. In the absence of any other defence weapon, they shut themselves off intellectually from comprehending the things demanded of them . . . The parallel to this situation arises, among other things, through the relentless demand (affirmation) for transference feelings and through the interpretation of the absence of them as resistance. The self-confidence with which this is inter-

puted by the analyst makes it rather difficult for the patient to contradict him without hurting the doctor's feelings. [Ferenczi, 1988, pp. 95–96, my italics]

It is possible to discuss the traumatic effect of transference at a higher level if we start from the assumption that all transference phenomena emerge from the analytic situation, which depends on the activity of both its participants, patient and analyst (Balint, 1957; Liberman, 1962; Waelder, 1956). In their two-volume work on technique, Thomä & Kächele (1985, 1988) set out to re-examine the question of psychoanalytic technique and practice from the viewpoint of the analyst's contribution to the situation and the analytic process. Seen from this angle, the possibility that the interpretative setting and activity may contribute iatrogenically to a traumatic repetition of earlier pathogenic situations becomes one of the analyst's foremost and constant preoccupations.

The fact that the problem of the traumatic effects of transference during analysis has not been resolved by the theory of technique is proved by the case of Rosenfeld who, in his posthumously published book, *Impasse and Interpretation* (1987), discusses ideas very similar to those put forward by Ferenczi almost sixty years previously. In his book, Rosenfeld departs from the Kleinian view—in which transference interpretation plays a leading, almost exclusive role—and advocates a technique that also takes into consideration the “therapeutic and anti-therapeutic aspects of psychoanalytic treatment”, as stated in part of the subheading. His change in attitude towards the transference analysis of envy, for example, is striking:

At that time [he refers to the period when Klein put forward her theory of primary envy], I myself and other Kleinian analysts believed that through a detailed analysis of envy in the transference situation it would be possible to prevent an impasse in analysis. However, as time went by, my experience was that this was only occasionally true. Non-traumatized, severely omnipotent narcissistic patients . . . did do well with this approach. But I also found that, while envy and fear of being envied indeed caused many difficulties by inhibiting normal development in childhood and by slowing down progress in analysis, it was only one factor among the many others that can cause impasse . . . It is inevitable that envy

arises in human development and that the child, or the patient in analysis, is going to feel small or inferior at some times. I particularly have in mind situations when the child, or patient, feels put down and may actually have been put down by the parents, or by other children or, in analysis, by the analyst. In my experience it is when the patient feels accepted and helped in analysis, and feels that he or she has some space to think and to grow, that envy gradually diminishes . . . An over-emphasis on the interpretation of envy or the overvaluing of the analyst's contribution as compared to that of the patient is a frequent cause of impasse. [Rosenfeld, 1987, pp. 266ff.]

The controversy within the Kleinian school about this point has been summarized by Spillius in the following terms:

In the case of traumatised patients, he [Rosenfeld] thinks that interpretations in the immediate transference/countertransference situation are likely to be positively harmful because the patient experiences them as if the analyst were repeating the behaviour of a self-centred primary object, always demanding to be the centre of the patient's attention and concern . . . Critics of Rosenfeld's view think that the problem of repeating the behaviour of a self-centred parent can be dealt with by interpretation rather than by behaving differently from the parent. [1988, p. 16; see also Steiner, 1989; Tuckett, 1989]

In the following section, I present clinical material on the analysis of a perverse self-centred patient to whom I will refer as Matías, by means of which I will attempt to illustrate the dilemma of interpretive technique. To this end, I attempt to make explicit my contribution to the development of the analytic process. In other words, the material is presented both from the viewpoint of the patient's associations and the analyst's interpretations, while also attempting to demonstrate aspects of my countertransference and the various "working models" (Bowlby, 1969; Greenson, 1960; Peterfreund, 1975) that I called upon to understand the material and give form to my interpretations. I draw a distinction between the self-analysis of feelings and countertransference fantasies and the "mini-theories", both personal and from different schools of psychoanalytic thought, that guided my therapeutic practice. My treatment report, therefore, includes several theoretical references, in the form of

running commentaries (Heimann, 1969, p. 13) to the session, or off-session reflections, that I used as a framework to help me understand and explain the material. I believe that these theoretical references, much like marginal notes, thus also form part of the material. In addition, I will refer to certain external circumstances that I believe played a role in the unfolding of this therapeutic process.

It may be gathered from the above that I intend to give earnest consideration to Sandler's postulate (1982) that: "psychoanalysis is what is practiced by psychoanalysts". This proposition assumes an actual difference between theory and practice in psychoanalysis; that is, the gap between what psychoanalysts say or believe they do and what they are really doing with their patients. Much more goes on between psychoanalyst and patient than is usually included in a case study. Beyond the difficult problem of how to define and gather the data related to the patient-analyst interaction in the analytic situation, Sandler's postulate highlights the censorship affecting the analyst's selection of material for the presentation of a case study. In this sense, the other side of the coin is the resistance to risk exposure in the presentation of clinical material, especially in relation to those points in which the technical interventions of the analyst do not follow what the different psychoanalytic schools may consider to be "standard technique".

Clinical material

This twenty-nine-year-old patient sought treatment because of experiencing extreme difficulty in the sphere of contact and interpersonal relations. In our first interview, he put great emphasis on his chronic shyness, intense erythrophobia (which occurred whenever he thought people were looking at him), and acute social anxiety, which had led him from a young age systematically to avoid situations where, for example, he had to read or speak in public. He said that his gift for learning and inventing plausible excuses had enabled him to avoid public exposure without affecting his performance at school and university. As he continued with his account, the pathological picture, at first apparently phobic, began to take on paranoid overtones. This was particularly apparent in his virtual

conviction that other people could read his thoughts and emotions through his gestures or what he said. These great interpersonal difficulties had led him gradually into social isolation, particularly in terms of his relationships with women.

He had only had short-lived relationships with women, and had experienced problems in achieving an erection in his few sexual encounters. In fact, whenever he had managed to overcome his initial fear and had begun a relationship with a woman, he had soon felt rejected, treated like a child, abandoned, etc., which then made him break off the relationship. His only stable contact was with a group of friends, male and female, of his adolescence. This gang had remained practically unchanged over the previous ten years and he enjoyed the feeling of being protected while experiencing interpersonal contact. He emphasized that "We are equal in the gang, there are no sexual or other differences".

He explained his request for treatment by his fear, certainly well-founded, that his group of friends might start to break up, and that in a few years most of them would have found a partner, leaving him on his own, unable to find new friends or a girlfriend. The only area where, despite his social anxiety, he maintained contacts outside the group and his work—contacts that brought him a certain amount of satisfaction—was in music; he played an instrument in a chamber orchestra. He added that he always thought he would be able to get over his shyness and erythrophobia on his own, but now realized he was unable to overcome his difficulties when required to speak in front of his colleagues and superiors at work and therefore needed help. His career would be at risk if he did not seek assistance.

During the second interview, against the background already described, he referred to his perversion: he had masturbated compulsively since the age of seven, sometimes several times a day, and had developed this into a ritual over the years. Now, in order to masturbate, he had to squeeze his chest at the level of his pectoral muscles by using a cord or belt. He then fitted the resulting "breasts" into a woman's brassière, which had to be stolen and not bought. (He had stolen his first brassière from an aunt when he was seven, while on holiday at his grandparents' farmhouse.) He then proceeded to tie his erect penis firmly with a cord and masturbate in front of a mirror. He masturbated in various ways; sometimes

rubbing himself against a radiator, sometimes putting his penis like a plunger inside a large syringe, etc. In fact, as he began to feel more at home with me throughout his years of analysis, his accounts of ways to masturbate became more and more fantastic. After two years, he was able to tell me that for long periods he had also masturbated anally, using a variety of objects, such as his fingers, bottles, or other cylindrical objects. Perverse masturbation was a strictly private activity to be carried out alone in a locked room.

However, the patient also carried out other complementary activities that gave his perversion a "public" nature. The first of these was a passion he had had since adolescence for spying in the neighbourhood with binoculars, in the hope of surprising a woman, preferably naked, in the act of masturbating or stroking her breasts. The second, and sometimes quite dangerous activity, which he carried out in a quasi-altered state of consciousness, was his constant pilfering of brassières, which he hoarded in a cupboard (his "treasure chest").

Although extremely shy in his daily life and incapable of acting aggressively or even raising his voice in public, Matías, when aroused, and particularly at night, was capable of climbing balconies and breaking into houses, while their occupants slept, to steal brassières. On these occasions, he felt like a superman and was not afraid. He was capable of swift reactions, and once spent the night hidden in a wood outside the village when he thought he was being followed. He did all this almost exclusively in the small village where he lived and where he felt completely at home. After a short period of analysis, it became clear that his perverse acts and his mutation into a hypomanic state were more likely to occur after situations in which he felt he had been humiliated.

For a better understanding of the material, it is necessary to give some information related to the patient's family. Matías's relationship with his mother was very ambivalent. On the one hand, the patient professed to hate her because she was possessive and domineering. On the other hand, Matías said that he and his mother understood each other without having to resort to words: he felt extremely close to her and said he knew her as well as he knew himself. He described a mother who knew his desires, intentions, and most intimate fantasies, and used this knowledge to dominate and subjugate him. As a matter of course, he also claimed that he

had an intimate knowledge of her. Thus, a symbiotic relationship between mother and son had been shaped. He was unable to imagine life without her. The figure of the father was much more diffuse. Matías described him as reserved and schizoid: whenever he was angry—and he was apparently quite irritable—he resorted to total silence and left the room. Matías experienced him as distant and absent. His father had never given him any advice; there had been no physical contact between them and neither had they engaged in sports or games together. Matías's two elder brothers were barely mentioned in his account. My impression was that mother and son almost formed a single being, orbited by a weak and blurred father.

From a diagnostic viewpoint, the patient's fetishism could be described as a serious personality pathology; a borderline condition in which the main trait was the self-centred narcissistic disorder, partially compensated for by his perversion. The first 240 hours of analysis (approximately two years, with four sessions a week) were financed by an insurance company. (The treatment was carried out in Germany.) Thereafter, Matías paid for his treatment out of his own pocket. I made a substantial reduction in my fees so that he could continue to attend with the same regularity.

This report covers the period of analysis up until his external funding came to an end. This coincided with Matías moving his place of work from a nearby town into the city where my office was situated. He attended the sessions with absolute regularity, coming to see me in the evening on his way home from work, and was still living with his parents. I begin by summarizing the initial phase and the analysis up to the date of the move and the end of the period of external finance. I then focus on an episode that lasted about three months, dating from shortly before the change in workplace and when his self-funding began. The summary is, of course, an extreme simplification, since, in processing the material, I followed only a few main strands with the intention of illustrating the ideas discussed in my introduction. I end the report with the formal account of one particular session, presented in detail.

From the very beginning of the analysis, I was faced with a serious technical difficulty emerging from the extremely intense interpretative activity that the patient carried out during the sessions. I realized that misunderstandings arose frequently and that I had to be constantly alert to distortions in communication. No matter

what I did or did not do, whether I spoke or was silent, and whatever I interpreted, Matías would reinterpret my interpretation, movement, sound, or silence, and attribute to me intentions that I usually failed to perceive myself. After a few weeks, I noticed that I felt a certain unease before the sessions with Matías. During the sessions, I felt tense and avoided any movement or sound, knowing that he would interpret this as an “obvious” sign of my discontent with his work, or of my boredom with his absolutely irrelevant associations, etc. I also began to notice strange resonance phenomena. For example, when the patient cleared his throat, I was afraid I would also want to clear my throat, and sometimes this actually happened. I quickly deduced that his habit of continually attributing negative feelings and meanings that were wholly self-referential was exactly what he did with other people. This was the reason for his social anxiety and the intense feeling of shame that lay at the root of his erythrophobia. I also concluded that the theory of projective identification would be of no use for interpretations, since any such interpretation of his severe anxiety as the reason for his attempted exertion of control over me in the analytic situation would only serve to increase his paranoia.

I gradually became aware that Matías was trapped between massive and contradictory maternal and paternal transferences. Whatever I said was reinterpreted by him in the same way as when interacting with his mother. His relationship with his mother was experienced from a state of intense fusion; in other words, from a state of massive projective identification. Thus, the only way to prevent himself being annihilated by her was to turn the tables on her, that is, to perceive hidden intentions in her attributed meanings. My technique, which was basically interpretative, was experienced by Matías as a carbon copy of the (quasi) mind-reading activity of his mother. My first reaction to this state of affairs was to remain silent and interpret less.

However, when I did this, I took the place of the schizoid father who, out of anger and inability to communicate emotions, withdrew into silence. Thus, I found myself in the following dilemma: if I offered transference interpretations, I was acting out the maternal transference; if I remained silent, it was the paternal transference that was acted out. Moreover, if I related this transference dilemma to his early experience—that is, if I said to him that his

placing me in such a dilemma was a recourse to make me experience what he felt towards his parents—he seemed not to understand my words and would merely reply that he agreed with me and that all his ills had been caused by his parents.

When I realized that this was leading us to a stalemate and that I felt uneasy and lacking spontaneity, I decided, at first rather intuitively and not without reservations, to change my interpretative strategy and confront him systemactically with this transferential dilemma, that is, with the type of interaction that had been established between us. By doing this, I placed myself in an eccentric countertransferential position, refusing to identify myself with the transferential proposals of the patient and intervening, as it were, from the periphery of a type of fused mother–baby relationship. Paradoxically, the withdrawal of the transferential proposal meant a zooming-in on the workings of the patient's mind in the here-and-now with me. I tried to make it possible to establish a proper analytic situation by refusing to fall into a state of mutual fusion; I then sought to connect myself to his immediate day-to-day concerns, which, in practice, meant making more use of extra-transferential interpretations. On many occasions, I used the type of interaction obtained in the session as an example of what he probably did outside, emphasizing the vicious circle thus created, which contributed to his feeling increasingly trapped. In my constant struggle to escape the paranoid mind-reading atmosphere, my interventions contributed information about the observations and arguments that had led me to the explanations that I offered him.

For many months (a year or more), I avoided giving interpretations of content and instead repeated the detailed description of the vicious circles of communicative interaction in the here-and-now and, where possible, in his daily life. I repeated that attributing sense was normal, but that in his case the problem lay in the hypotheses he formulated about the possible significance of, for example, my clearing of my throat or remaining silent at a given moment, which he did not take as such, that is, as hypotheses, but as incontrovertible evidence that needed no further proof. I added that he did not understand that during any communication we must constantly be alert to whether we have understood what the other person has really said and, for this reason, I frequently asked him what he meant by something he had said. I told him that whenever

he felt humiliated, which happened every day, he responded with immediate withdrawal, without checking whether he had really been put down or whether he merely “believed” the other person had done so. I said that he was building a castle of suppositions that was very probably founded on false premises, although this did not rule out the possibility that his suppositions might sometimes be true. I explained that whenever I tried to correct one of his perceptions, he attributed some hidden meaning to the explanation, which made it lose its value, and so on, *ad infinitum*. He forced me to be permanently attentive and to monitor my own performance rigorously—if I gave in to his pressure I would end up feeling completely paralysed. I said I supposed that his constant habit of attributing self-centred, negative sense to everyone else explained his enormous difficulties in everyday life, his isolation, and his feeling of being the target of everyone’s criticism. (This is a summary of my interventions in many sessions over time.)

Obviously, in this first stage, I also gave the patient occasional content interpretations. I slowly realized that reaching an agreement on the type of interaction taking place in the present time would make it possible not only for me to understand and formulate the transferential fantasy being enacted into an interpretation, but also for Matías to understand such an interpretation. For example, over the course of many months, by detecting different signals in his statements, which were combined with the faulty logic and misunderstandings that I perceived in the dialogue, I realized that Matías was almost feverishly convinced that I could see his face and gestures while he was lying on the couch. I confronted him many times with this fact, with no result. This worried me, because I could not understand the meaning of this denial of the reality of the perceptive space between us. My concern grew, until I opted for tackling the issue in a direct way and told him how much of him I could see from my seat: only his hair and part of his forehead, but not his face. He replied that he did not believe me and claimed that I could see his face from my position behind the couch. To my surprise, in several subsequent sessions, he persisted with this assertion, adding that every time I said something he was capable of imagining perfectly—actually to “see”—the expression on my face. At that moment, I understood that his denial served the purpose of rejecting the asymmetry of the analytic relationship.

This allowed me to interpret that the supine position was so degrading for him that he simply denied it, in the conviction that we were still face to face, as in the initial interviews. After this content interpretation, Matías corrected his perception and we were able to talk about the conflict between omnipotence and impotence in which, as a rule, he felt trapped whenever he attempted to establish any type of relationship.

The systematic confrontation of the patient with this type of interaction in the analytic situation made me recover my sense of spontaneity and stop feeling controlled. In turn, Matías gradually began to discover that other people could think differently from him and now began to accept the possibility that he might have assigned the wrong meanings. The result was that he started to feel calmer and less anxious with other people. The erythrophobia gradually began to disappear now that he was no longer convinced that others could discover his innermost thoughts. After a year of treatment, he said with surprise, "I cannot understand how I spent so many years believing that it was impossible for others to have thoughts that may be different from what I suppose they are thinking."

Although his attribution of meaning persisted throughout the whole of the analysis, this trait lost its omnipotent character and became gradually more useful to us as a monitor of inner states that he failed to perceive as his own. For example, if, at the beginning of the session, he expressed the conviction that I was annoyed with him, or depressed, or that he had seen an expression of homosexual lust on my face, he became more ready to accept that he himself had come to the session with such feelings, moods, or desires, and was merely attributing them to me. Most of his attributions were, in fact, completely extraneous to me, and I could perceive nothing in myself that could relate to what he was claiming. These attributions seemed clumsy and I took them to be "intrapsychic" projections—that is, communication channelled at a purely cognitive level—which did not touch upon our relationship. On the other hand, it was not unusual for me to realize halfway through the session that, although the attribution had been completely extraneous at the beginning, our interaction had made me feel progressively annoyed or depressed, for example. This made me think about Sandler's ideas (1976) on role-responsiveness and counter-transference. At those times, the role of monitor that I assumed the

patient had assigned to me took on a much more vital character, and I often interpreted it in the sense of Bion's (1959) and Rosenfeld's (1971a) "projective identification as communication". Of all the innumerable attributions at the beginning of sessions, there must surely have been some that corresponded exactly to my mood at that moment. With his fine sensitivity, Matías had perceived my inner state, which, according to my own perception, had nothing to do with my relationship with him. Because of this, the matter became complicated. I felt inhibited about interpreting projective identification as communication, but also doubted whether I could confirm the plausibility of his perception, in the sense mentioned by Gill (1982), because I was afraid of reinforcing his omniscience. Later in the analysis, the imputations tended to be very intense at the beginning of the session and slacken off later, taking on characteristics that I interpreted as devices to get the session off the ground and to re-establish contact with me. As the time went by, the confrontational style of interpretation had a stronger effect on the creation of conditions under which transferential analysis would be possible.

The systematic clarification of our interaction was making the nature of the underlying unconscious fantasy increasingly clear. The masturbation scene, in which Matías was capable of keeping alive his fantasy, his virtual conviction of being man and woman at the same time, became a prototype that allowed us to understand many other situations, both inside and outside the transference. In this sense, his perverse fantasy formed part of the paranoid constellation. In fact, his perversion was better understood as a defensive pathological organization in the face of strong paranoid anxiety. The focus of my interpretations was his capability to feel, think and act—in short, to live—as if there were no differences between human beings, men or women, children and parents, him and me, etc., although at the same time he was capable of recognizing the differences at a cognitive level. In other words, the focus was his capability to ignore the meaning, emotional weight, and consequences of such differences in interpersonal relations. This "working model" undoubtedly also emerged from my previous theoretical knowledge. I would say that the analytic experience with the patient made me recall works I had read with varying degrees of vividness. These included not only Freud's ideas on fetishism

(1927e), but further contributions by Chasseguet-Smirgel (1978), Kernberg (1985), Khan (1979), McDougall (1972), and Bion's concept of minus K, among others.

What most impressed me was Matías's ability to split himself so that different aspects of his personal reality did not come into conflict. I reached the conclusion that his relationship with me was dual. On the one hand, he felt that there was absolutely no difference between us: any attempt on my part to differentiate myself from him was immediately countered by a new attribution by him. This symbiotic type of union, however, made him constantly fear a radical reversal in the power relation, whereby he would be completely "ingested" by me, and would disappear inside me, swallowed up by the primitive mother. It was not unusual for him to attempt to communicate basic bodily sensations that were difficult to describe with the accompanying comment: "I don't know why, but I have the feeling that we are completely on our own in the building, perhaps alone in the world, alone, you and I". This fantasy of total union with me seldom had positive emotional or harmonious undertones. Most of the time, it was accompanied by intense claustrophobic anxiety. On the other hand, whenever he discovered something new through the analysis, something he had not heard before, his paranoid anxiety would be triggered and he would start to stress the differences between us. He would say that he and I belonged to completely different worlds, that I was a foreigner from a remote country, that I could not understand him, or that I thought he was incompetent and childish. Thus, he swung between two extremes: his incapacity to feel united with me and his incapacity to separate himself from me. His rejection of asymmetry was the same as his attribution of symmetry in the analytic situation. Matías imposed symmetry (Matte-Blanco, 1975, 1988) on his relationship with me, but when this process failed, extreme asymmetry took over. Such was the core of his narcissistic disorder that at times I found it difficult to empathize with him, because I felt him so ol ympically self-centred and selfish.

Despite the intense anxieties I supposed he felt, Matías succeeded in handling his emotions and fantasies without recourse to acting out which might openly affect the setting. He never missed a session and always arrived on time. I was struck instead by his extreme submissiveness, which gave me the impression that the

setting had become an empty ritual, devoid of life or modulation. If, for some reason, I was half a minute late in fetching him from the waiting room, he would knock on my door and interpret my "delay" as an expression of my discontent with him. It seemed, and I interpreted it to mean, that he could not stand any change in the set-up that could lead him to discover that I was a living, different person, subject to mood swings of my own.

Once, he told me that he still possessed the teddy bear he had had since he was a child, and that every now and then he liked to take it out of its box and have it close to him. I interpreted this to mean that the regularity of our sessions and my punctuality allowed Matías to preserve the illusion that his relationship with me was like the one with his teddy bear, and that he cancelled out any signs of life on my part by attributing thoughts and emotions to me that were really his own. Some time after this, I told him that I would be unable to see him for a couple of days. The next day, he recounted the following dream to me: an enormous, dangerous grizzly bear was circling his house in a rage. He was inside, terrified, looking out through a window and afraid that the bear would break down the doors and windows to come in. The inanimate teddy bear had come alive and become a dangerous American grizzly bear!

Whenever I offered him an interpretation that did not refer directly to the transference, he reproached me for avoiding "analysing" him because I thought he would not be able to stand it, and reinterpreted my observation, attributing to it a transferential connotation. This was a curious contradiction: on the one hand he appeared to be the "ideal" patient for the interpretative technique and yet, on the other hand, I felt continually haunted by the ghost of "pseudo-analysis". I was assailed by doubts about whether I was overlooking "perversion in transference" (Etchegoyen, 1986). I wondered where transferential voyeurism lay, and thought about the setting and of myself as a fetish, and so on.

After a long period, during which the main focus was the interpretation of his denial of differences and his swings between claustrophobic anxiety and the sensation of feeling brutally rejected as a result of his fantasy of symbiotic union and control, which he preserved by resorting to continual attribution and perverse actions, symptomatic changes resulted that surprised me. He got rid of the

hoard of brassières he had accumulated over so many years and hardly stole any more. His masturbation ceased to be so bizarre and he reported clear progress in his ability to achieve interpersonal contacts. He made new friends at work and was able, for the first time in his life, to speak in public without feeling anxious and blushing. At the same time, however, he underwent another symptomatic mutation as his voyeurism became more active and increasingly dangerous. He stopped using binoculars and started going up to the windows of his neighbours after dark and looking in through the shutters, always in the hope of catching sight of a girl masturbating. He lost interest completely if he saw a couple making love. When he occasionally came upon girls in their underwear, he became excited and masturbated in the garden. This “new” activity quickly assumed the nature of transferential acting out, which Matías carried out particularly at weekends and holidays.

I realized, however, that I would have to be very careful in interpreting these activities by means of the “separation and loss” working model, in the sense that he felt interruption as rejection and resorted to voyeurism in order to recover his narcissistic balance. He answered that that kind of remark was typical of his mother, who was convinced that everything he did was related to her. The fact was that he appeared not to understand the interpretations, and he felt much more comfortable with the explanation that during the weekends and holidays he felt out of range of my power, with me acting as a powerful, exteriorized superego. The important thing, therefore, was not what happened in my absence, but the intrusive way in which the patient experienced my presence. I stopped interpreting separation and concentrated on understanding and interpreting the fantasies underlying our direct contact. After a long time, the patient began on his own initiative to put forward material that suggested depression due to the interruption. Matías said, “Now I feel what you supposed about me at the beginning of the analysis.”

In the following lines, I concentrate on a period characterized by two external facts. One was Matías’s transfer to a new job in the city where I had my office, and the other was the termination of funding by the insurance company, which led us to discuss conditions for continuing the analysis and to negotiate new fees. His move of workplace was the result of an application he had submitted many

years before and was a practical move that saved him at least three hours driving a day. However, the change also brought about a series of hopes and anxieties in his analysis. His anxiety about having to adapt to new working conditions with new colleagues was offset by a fantasy about a "new beginning". At last he would be able to find a house of his own and leave his parents. He would be able to lead an independent life, find a girlfriend, and so on. The transferential interpretation was made by the patient himself. The move of workplace meant a "new beginning" on the profound level of closer collaboration. In addition to this line of thought, the end of external funding awoke new anxieties that increased steadily. First, he himself "interpreted" this to mean that paying for the analysis out of his own pocket would increase his sense of responsibility towards it. Then he quickly began to panic at the thought that I would demand fees that he could not afford, even though it had been clear from the outset that any agreed sum, however minimal and symbolic, would be perceived by him as an abuse, an irreparable material loss on his part, as if I were exploiting him. He often spoke of ending the treatment.

While things continued on this level, I restricted myself to putting into words the various fantasies, anxieties, and hopes that this contact and "new beginning" meant for him. However, his voyeuristic activities became more pronounced and acquired a new dimension of riskiness. In his furtive approaches to windows to peer inside, he was no longer satisfied with looking through the slits and had begun to force open the closed shutters. This made a noise and alerted the occupants of the house, and he had been on the point of being caught several times. Through his mother, he learned that prowlers had been seen in the neighbourhood at night and that the police had been alerted. This put the patient into a state of panic and paranoia. He believed that his mother knew everything and that she was using this news to tell him indirectly to take care, and whenever he saw a police car in the village he had the certainty of being followed, etc. His fear was contagious and I felt afraid, particularly when he started to hint that if he were caught and taken to court, I would be summoned to give evidence because, after all, his voyeurism had developed during analysis and was a product of the therapy. When his fear began to subside after a few days, he resumed his night-time antics. He said the urge was

stronger than him and that he could not resist it. Although I believe I kept calm during the sessions, I became frightened at this, and started to consult colleagues about the extent to which my insurance policy covered me against malpractice. I thought that my status as a foreigner might place me in a position of greater vulnerability if the case came to court. To put it in a nutshell, I felt under extreme pressure. I decided to bring the case to supervision, which made me understand better the transferential nature of the new situation, and then to seek out the most appropriate strategy to overcome it.

First, I told him that he was right to be frightened: what he was doing was obviously dangerous, and the neighbours had no way of knowing that all he wanted to do was “have a look”, etc. I confronted him thus with the consequences of his actions, which made him see that the main people affected after himself would be his parents. This brought out, for the first time, the enormous hatred for his parents that his voyeuristic acts implied. I naturally took the place of his parents, and, on this occasion, his acting out was directed against the continuation of analysis. He tried to provoke me by asking me to forbid him to continue with such practices. He claimed that this would help him; I interpreted it as meaning that he felt such panic at the thought of coming to this town, coming “closer” to me, that he felt completely enclosed and stifled. I said that if I forbade him to do something, this would increase his sense of claustrophobia. Following these lines, I interpreted this episode as an attempt to put me to the test and find out how much pressure I could stand, how long I could go along with him—even under the most difficult circumstances—and how I could understand his enormous difficulties and anxieties.

In this context, our negotiation of the fee took on a dramatic character. I had to calm him down by telling him that I was willing to let him set the fee; that the insurance company had paid me an above-average fee for two years (which was absolutely true), and that a reduction in fees had already been compensated by past payments, etc. All this was combined with the anxiety of his first days in the new job.

Despite this, after a few weeks of working through his anxieties, as described above, he calmed down sufficiently to fall into a “casual” relationship with an old acquaintance whom he had met

again in the new workplace. ("By chance", or so said Matías, this girl was a close relative of someone who worked in the same institute as I did, whom I had only seen a couple of times. I never interpreted this, because I knew it would worsen the situation by introducing new anxieties: "Do you think I started going out with Ana because she has some relation to you?") His relationship with Ana marked the beginning of a new difficult period, since Matías felt extremely divided between his sexual desire for her and his fear of coming too close. The fact is that Matías oscillated very rapidly, even within the course of a single session, between acknowledging his sexual desires for Ana and his feeling that they were only impositions on my part, to which he submitted. I felt I was faced with a dilemma: if I withdrew by saying that these were his desires, and not necessarily mine in relation to him, he would feel that I was acting like his mother who was always warning him against "wicked women". If, on the contrary, by interpreting his castration anxieties I encouraged him, perhaps like a father encouraging an adolescent son to go ahead with a relationship, I would be offering him a pretext to free himself of his sexual desires because he would feel that I was pushing him into a sexual relationship with Ana. If I said nothing and resorted to a silent withdrawal, Matías would obviously interpret this as rejection and would feel abandoned by a father who refused to communicate. Thus, I decided to put the dilemma before him exactly as I saw it. I told him that we were both in a difficult situation, that I understood his predicament, his desire to grow up, and his fear of falling into a trap. I acknowledged that he had contrived that what I felt towards him was a mirror image of what he felt for Ana. I told him that I felt inhibited from saying anything because I was afraid that he might think that this was what I wanted for him and not his own genuine wish. I also realized that, no matter what I said, he would probably think that I was forcing him to do something and would hold me responsible if he failed in the attempt. If, on the other hand, I kept quiet and did not tell him anything, he would take my silence as a rejection or as an expression of my desire for him not to go out with women. As I expected, Matías answered that he had been shattered by my "declaration"; he felt that he had led me to tell him something that he should have known at this juncture in the analysis and that I must think him very ill to have proffered such clarification.

Finally, he made up his mind, and one Thursday announced that this was to be the decisive weekend: everything was ready. I must admit that I was looking forward to the Monday session.

He arrived at the Monday session (number 230) anxious and embarrassed. He found it difficult to start speaking. Then he told me about the fear he had experienced over the weekend when they were at the cinema and he thought Ana was expecting him to kiss her, his doubts about whether Ana liked him or not, how he had lost all sexual desire when she invited him home, and his initial difficulties in achieving an erection. He said that following coitus he had not been able to sleep all night, due to his anxiety. He felt totally confused and decided to tell Ana he did not love her, that he felt nothing for her. He felt that he had spoilt something and hurt the girl. He wondered whether he was not resorting to the same mechanism as usual, that is, losing interest whenever he began anything with a woman. I started by identifying the shame that he felt and his confusion now that his desires and sexual fantasies towards Ana had disappeared abruptly. He said that it was unbearable for him to think of having a sexual relationship with "that woman". I replied that he also felt burdened by the prospect of paying me out of his own pocket and that "that woman" and I were taking away his freedom, his money. I said that he was confused because he did not understand how on the one hand he wanted contact, but on the other was afraid. He said he agreed with this interpretation and that this was his basic problem in life. He added that if "that woman" had given him more time, if everything had not happened so quickly . . . I told him that he reacted as if having sexual relations meant being committed for life, in the same way as he was terrified by the fantasy that his analysis would last for ever, that when he slept with Ana, he felt she was stealing his penis, a vital part of his body, and he would, therefore, no longer be able to leave her. I was also taking something vital away from him by taking his money. The session ended with him saying, "It is true, I have always been afraid of others taking something away from me."

During the week that followed, we worked through his relationship with Ana and it became clear to me that the experience had had a traumatic character for him. In a way that surprised me, he began denying that he had ever really desired her. In face of this, I thought it was important for me to act as a back-up "memory" by

asserting the opposite, interpreting the reasons why he felt the denial of his desire for Ana was necessary. On Thursday, he told me that on the Wednesday he had had to make a presentation on the English course he was attending, and that he had chosen his visit to the Grand Canyon in Colorado as his topic. He had put particular emphasis on the overwhelming fear he had felt when faced with this massive chasm in the landscape and how difficult and tiring it had been to climb down to the river and then climb back again when the temperature was over 40° C. The interpretation in relation to the episode with Ana and his unconscious transferential fantasy emerged as a matter of course.

I will now present the protocol of the session held on the following Monday (number 234). I wrote what follows from memory, immediately after the time was up.

P: I just thought that you did not have any patients today. Of course, it could be that you change the cover after each patient (he was talking about the paper towel I place over the cushion where my patients place their heads) . . . I have just felt a bit dizzy. I have not done particularly well today. I feel tense all over and my left eye feels tense as well . . . I am thinking of the English course as well, I have little by little started to feel rejection for the teacher. Last time she could not decide whether to let me make a telephone call during the lesson. She loves role-play activities as well and this make me feel like a little boy, instead of simply accepting them as an exercise . . . I did not want to come today either and today it is a real effort to behave myself even here.

A: As you did not really want to come here as a patient today, you had the fantasy that I didn't have any patients today.

P: When someone does not do what I want, I resist—not openly though—and will not co-operate. For example, at school it was a problem for the teacher when I had to do something that I did not want . . . I masturbated today, yesterday as well. I met Ana on Friday and slept with her again. Now I have lost the desire to sleep with her again, though.

A: I believe you think that I want you to carry on your relationship with Ana at all costs. And that is why today the theme is opposition and resistance.

P: I want to change, but not to be changed.

A: You want to be able to direct your own development.

(Silence)

P: I thought that if I was not able to meet my gang on Saturday because I was with Ana, they would forget about me and I was afraid. And there was also Ana's comment . . . She told me that I had a lot to learn. I felt like an invalid . . . Besides, she went out with someone else on Saturday. On the other hand, this reassured me. I felt relieved . . . You have often told me that I think you feel very miserable during our breaks. It is exactly what I thought in relation to Ana. That was why I felt reassured when I realized that she did not need me. A no-strings relationship doesn't cause anxiety. But also, during the week the relationship may disappear.

(At this moment I think that Matías is equating me with Ana. He feels guilty that he has abandoned us. He feels torn between Ana and me on one side, and his gang on the other. But Matías places the emphasis on the estrangement that occurred the week before; that is, he feels my presence in the session as intrusive, like that of an authoritarian teacher, like his intrusive real mother. The fact is that only at that point in the session did I realize that my eagerness the previous week not to accept his ridding himself of his sexual desire for Ana had led him to identify me with a seductive woman who wanted to keep him at all costs and would not let him go. As usual, during the weekend break, he had regained his narcissistic balance by means of an inversion of the situation. Thus, he hinted that I felt miserable, which in turn made him feel guilty. In the following exchanges, I attempted to correct the secondary effect of this transference interpretation.)

A: Today you have come here with the feeling that I do not have any patients. That is, with the feeling that you have completely lost your relationship with me and with the analysis. I think this happened because last week you had the impression that I was pushing you in a certain direction, that I want to steer you along a single track. You react to this by seeking refuge in former behaviours.

(Silence)

P: Yes, masturbation. During the weekend, I thought I would like to tie up my chest and look through my binoculars. I think about the English teacher, and that now she has realized that I am not as good as she first thought. And sometimes I have the same feeling here.

A: You feel that my interpretation that you are seeking refuge in old behaviour patterns is an expression of my disappointment because you have returned to masturbation instead of continuing your relationship with Ana.

P: Yes, exactly . . . When I think about that woman, the teacher, I also think that I will have to take part in those role-plays, which I hate. It takes me a long time to prepare them.

A: Not only with your teacher. You feel under pressure here as well, pushed into an adult role, and you say that you need a long time to get into a behaviour pattern.

(Silence)

P: I wonder why Ana does not turn me on any longer. There are other women, in the waiting room for example, who excite me. But perhaps the same mechanism would be triggered if I got into a close relationship . . . Now I am thinking of a fellow musician who has similar problems and also has a trying mother. Once he said: I lose all desire when I have been with a woman for four days.

A: Four days is simply too much for you whether it is with a woman or with me.

P: Yes, especially at the moment, I feel under pressure. I often feel like a child. When I go to bed with Ana, I feel more like a child than a man. It is difficult for me to achieve an erection as well, to be really potent.

A: Whether you are with Ana or here, you feel like a child being asked to behave like a potent adult by the father-analyst.

P: Ah! . . . I now remember a dream. I dreamt last night. I was with my niece. In the dream she was between fifteen and sixteen. In real life she is twelve. She was lying down next to me with her breasts naked and I wanted to stroke her breasts . . . Another dream: I wanted to sleep with a woman. Perhaps with Ana. My penis was thin and hard, like a bone, a little bone, and only grew when I pushed it up and down in her vagina . . . That is what happens in real life. I only get a proper erection after I have moved inside the woman.

A: I think you have the fantasy that you are a man, a real man and no longer a child, only after you have a woman . . . a woman of your own. But, at the same time, you feel panicky about women, and this makes you oscillate between old behaviours and new behaviours: having sex in a way that makes you feel sure of yourself, as in your dream with your twelve-year-old niece, and not like a helpless child, or having sex

with a woman like an adult man. You naturally feel that the latter is extremely dangerous.

P: Yes, that is right. My erection disappears too when Ana tries to stimulate my penis with her hand. It is the same as when I was twelve and my father tried to talk to me about sex, to explain it to me. I simply went away. I did not want to hear anything about it.

A: On the one hand, you have an intense wish to become an adult, and this means having a woman. At the same time, you have an enormous fear that this may be a trap. Whenever you begin to feel pushed, pressed by Ana, by your father, and here by me, you react internally like you did at the weekend, like you did when you arrived here today. That is, you go away and I am left without a patient. You said it yourself very clearly at the beginning: you resist, not openly, though, but you do not co-operate, do not play the role, because you think you will not be able to decide on the direction. So you are better off with this niece who is twelve years old, just like yourself at the time when your father was trying to introduce you to the world of women and sexuality and you ran away. The niece in the dream is yourself with the fantasy of having a girl's breasts. It is as though you preferred to stay with yourself, caressing your own body, tying up your chest to give yourself the illusion of being man and woman at the same time and so of not needing anyone else, not even me.

The traumatic nature of this episode with Ana became manifest during the following months, when he decided that he was not in the least interested in finding another woman. This act of turning his back on women, which, in transference, meant moving away from a relationship with a primitive, devouring maternal imago, activated an intense homosexual transference. With much distaste, he began to report fantasies of bodily contact with me, mutual fellatio, anal penetration, etc. However, his awareness of this homosexual transference was preceded by a period of intense sexualization. The transference-countertransference atmosphere was filled with homosexual insinuations and many months went by before the focus shifted back to analysis of his narcissism. In any case, as was to be expected, the anxiety caused by his emergent homosexuality reinforced his projective activity: it was I who had homosexual desires for him! He could read it on my face, in my way of shaking hands, in my "allusions" (interpretations), my silences, and so on. His evident search for a father in the transference thus became very disturbed.

The analysis of his narcissism was instrumental in his finally taking the decision both to leave his parents' house, to live by himself, and to break away from his adolescent gang. We began to draw a distinction between his group of friends from adolescence, the real gang, and the "gang" that, from within, forced him to maintain the status quo and prevented him from taking any decision that would lead him to grow up and become independent. One day, he told me about the following dream:

He was at home and heard noises; it was a group of gangsters who had broken in to his house. He ran out into the street to find someone to help him. He could not find anyone. From a telephone box he tried to phone the police to ask for help, but discovered that the gang had taken over the line to prevent him phoning. Still running away, he saw a perfectly ordinary family in front of a house. He joined them and tried to pass unnoticed, but the gangsters spotted him and he had to keep running.

This dream immediately reminded me of a study by Rosenfeld (1971b) on the aggressive aspect of narcissism. The analysis of the dream allowed us to distinguish very clearly between his childish and deprived aspect, which was attacked violently by the narcissistic organization every time he communicated with me to ask for help. We were better able to understand the disturbance in communication that had beset our analysis for more than three years. The dream also shed light on the meaning of his extreme submissiveness: he used it to blend in with a normal family, to escape the attention of his internal persecutors. This interpretation prompted him to remember the final part of his dream: he went back to his house, passed in front of his parents' room, and saw that the door was half open. He looked inside and saw his parents naked on the bed, with his mother sucking his father's penis. He reacted with revulsion and terror. The last scene led me to suspect that he used his voyeurism to conceal the terrifying vision of the primal scene. This also explained why he could not leave his parents' village and why he spied exclusively in the neighbourhood.

Through his search for naked girls on whom he could narcissistically project his feminine aspects, Matías defended himself against the conflict between his fascination for the primal couple and his feeling of being brutally excluded. His voyeurism thus appeared to

be a transformed extension of his perverse masturbation, an act by means of which he could reinforce time and again his narcissistic illusion of being man and woman at the same time, mother and father fused into a polymorphic sexual relationship, the imago of the combined parent couple. Every time he masturbated and, later, every time he saw the breasts of a naked girl, he felt the pleasure and conviction of being at one, strongly identified, with both his father and mother in a sexual relationship. His perverse acting was a sort of drug that calmed him down and enabled him to maintain his fragile narcissistic balance and to escape his strong paranoid anxieties.

Conclusion

In this treatment report, I believe I have illustrated the fundamental dilemma described by Ferenczi, and I hope I have given a clear description of the specific changes in strategy through which I tried to resolve the dilemma with this patient, especially the initial difficulties. When faced with the patient's continual interpretive self-reference, I often felt as if I was in front of a mirror. Matías's self-centredness produced a sort of parody of the technique centred on transference interpretation. The result was a kind of competition between two self-references. I was, therefore, forced to increase substantially the range of my interventions to avoid an endless chain of mirror images whose sole function was to reflect whatever hit us. It may well be that most of my interpretations were attempts to correct the secondary effects of previous interpretations. Although my technique was basically interpretative, I also used other technical tools with Matías: sometimes I offered him direct support; on other occasions I gave him long explanations of how I had arrived at one conclusion or another; occasionally I accepted the plausibility of his attributions, but I also set him clear limits and kept quiet, etc. I am not fully convinced that the terms "projection" or "projective identification" are an exact description of Matías's permanent interpretative activity. I preferred to use the term "attribution" and not "projection", because most of his interpretations were totally conscious processes, and also because "attribution" was the word we actually used in the sessions to refer to his inter-

pretative activity. This was doubtless just the tip of the iceberg, because our interaction often produced strong undercurrents that undeniably moved me.

Conscious of this dilemma, I concentrated my thoughts on the "therapeutic and anti-therapeutic aspects" (Rosenfeld, 1987), not only of the setting, but of everything that I, the analyst, had contributed to the interaction. In this, I allowed myself to be guided by the strategic line of creating within the analytic situation the best possible conditions for resolving the conflicts (Thomä & Kächele, 1988, pp. 9ff.) as a higher-order principle to which I conditioned interpretation proper. This higher-order technical principle is based on Freud's statement (1937c, p. 250) that "the business of analysis is to secure the best possible psychological conditions for the function of the ego; with this it has discharged its task". For Thomä and Kächele, the "best conditions" are those which make it possible for the patient to convert his suffering, previously experienced passively in the original traumatic situation, into an active attitude that will lead him to take effective action to overcome trauma. In this sense, my preoccupation was to maintain the best possible regulation of the therapeutic relationship in order to make interpretation and insight therapeutically effective; that is, the best possible therapeutic split in the patient's ego and in myself, in order to preserve the analytic function.

This report contains almost no allusions to genetic interpretation. The fact is that the patient came to analysis blaming his parents for all his problems, and for a long time he used those accusations to avoid assuming responsibility for his actions, emotions, and thoughts. Any genetic allusion on my part would therefore have reinforced the alibi of putting the blame on one's parents. Besides, it was clear that Matías became paranoid and intensely interpretive whenever I interpreted in the habitual fashion, that is, whenever I related the content of the here-and-now with the past and with myself at the same time. For Matías, transference interpretations were not working hypotheses to be used by him, but almost sheer fantasies with which, given his disturbed self, he fused. Thus, he felt that I, just like his mother, was driving him mad with "fantasies" as, in fact, used to happen. He responded with his own highly fantastic interpretations. At the same time, if I reacted with "almost sheer fantasies", without identifying what Matías was

capable of assimilating at that moment, I would be equalling his fantastic interpretative frenzy. In this way, I would become his intrusive mother's equal, not taking into account her small son's capability to handle her fantasies. Matías was in no condition to complete the phases of Strachey's mutative interpretation (1934). As soon as I realized this, I began to "listen" from the place where the patient's ego was. Rather than insist on a technique that appeared to be traumatic and might lead to interruption or compliance with pseudoanalysis, I tried a form of interpretation that would highlight my willingness to treat Matías as an adult. I withdrew less and became more active, so that our minds would keep in touch. I made enormous efforts to show him that I was permanently thinking about how he was being affected by me and my interventions and how he, in turn, was affecting me.

In general, I was very much aware of having to introduce technical adjustments so as to generate the conditions for the interpretative technique to work. In all truth, I never failed to interpret, but merely modified the form of my interpretations. If we consider the process as a whole, not only did Matías show a symptomatic improvement, but throughout his therapy became gradually better prepared to handle the analytic work from the point of view of a technique based on transference interpretation. After initial difficulties and some recurring crises, the patient seemed to understand the nature of such interpretations and was capable of working with them in a reasonable way.

The problem of modifications to a supposedly standard technique, which, incidentally, is defined differently by different psychoanalytic schools and approaches, emerges particularly in relation to cases of serious pathology. The dilemma I have been dealing with appears with particular clarity in the cut-off point of analysability, that is, on the borderline of the application of a technique that is strictly based on transference interpretation. However, from the starting-point of this borderline case it is reasonable to give thought to the problem of the traumatic effect of analysis (Klauber, 1981), within the general problem of the secondary effect of the analyst's interventions and the contribution of the analyst to the analytic process and situation.

It is important to clarify that through the clinical example I have presented I am not putting forth technical modifications, which are

universally applicable, for example, to all perverse or paranoid patients. It is undeniable that the further the patient may be from the ideal case presupposed by standard technique, the more necessary it will be to introduce modifications to the technique being applied. However, the changes introduced should be justified in each treatment and each analyst patient dyad, according to the rules of the psychoanalytic art and method and in relation to the strategic targets. There is a long way to go from truths emerging from individual cases (idiographic truths), which are specific to particular dyads, to nomothetic propositions valid for any psychoanalytic treatment. In the discussions on technique within the profession, this methodological distinction is not generally taken into account.

Naturally, if the focus of the issue is moved from the analysability of the patient to the flexibility of the technique, we must address ourselves to the problem of the criteria according to which we shall introduce technical modifications in each case. Here, the technical principle formulated by Thomä and Kächele, following Freud, that is, to secure the best conditions for the function of the ego in the analytic situation, appears to be most apt. This does not mean reverting to the old controversy between insight and corrective emotional experience. Incidentally, I believe that Rosenfeld has been unjustly criticized. When he speaks of the therapeutic and antitherapeutic aspects of analytic treatment he is, in my opinion, referring in particular to the concept of an analytic relation as a relationship between two adults in which one, the analyst, should be capable of setting up optimal conditions for the insight of the patient to have therapeutic and not iatrogenic effects. This is rather a technical point, but forms part of the context of change.

I feel that this clarification is necessary because, in this case, the initial strategy of interpreting from an eccentric transference position, which, more than anything, was intended to mitigate the transference tendencies to fusion with the patient, had the effect of placing me in the virtual transference of a "pre-Oedipal father", both sustaining and triangulating, who helps the patient avoid being swallowed by the "demon mother" (Ehebal, 1991, p. 287). Or is it perhaps more accurate to say that by placing myself intuitively in this eccentric position I stimulated Matías to deploy the transference with a triangulating and sustaining father? In this case,

it might be thought that my intention was to create the conditions for a corrective emotional experience. However, this was an unintentional secondary effect of the technique applied, and, on the contrary, the objective was the setting up of the necessary conditions for the interpretative technique and insight therapy to be effective. Strictly speaking, a corrective emotional experience that can reverse the original pathogenic experience is impossible to attain. The context of genesis is not the same as the context of change. In psychoanalysis, insight continues to be the central motor of change. The question is how to maximize its curative effect. Beyond the general technical rules, it is my belief that the answer to this question is specific to each patient-analyst dyad.

Summary

The work refers to the general topic of the traumatic effects of transference in the analytic situation. The author defines the fundamental dilemma of interpretative technique as the technical difficulty, sometimes insurmountable, faced by the therapist in the treatment of severely ill patients, particularly in the case of narcissistic, self-centred disorders, where the interpretative action itself often produces negative side effects that are not countered by the curative effect of the insight achieved through interpretation. In a brief theoretical introduction, this dilemma is described as a long-standing problem in psychoanalysis that has been systematically concealed by the protracted discussion on the subject of "analysability" and which has still not been resolved by the theory of technique. Clinical case material on a perverse patient is then presented to illustrate the dilemma described and to demonstrate some general strategies by which it may be overcome.

Discussion of Juan Pablo Jiménez's paper, "A fundamental dilemma of psychoanalytic technique. Reflections on the analysis of a perverse paranoid patient"

Peter Fonagy

A brief introduction to the developmental model of mentalization

The dilemma, as Dr Jiménez claims, is indeed fundamental. In his target paper, he states pragmatically, but without equivocation, that the transference with certain patients has traumatogenic effects. This may occur to the point that the difficulties facing interpretative work become insurmountable. The "safety to risk ratio" of the entire analytic process could become unfavourable unless dramatic steps are taken to modify techniques in the direction of a less insight orientated, more developmental approach. Jiménez's central formulation in this seminal paper is certainly accurate; the moderated psychoanalytic therapeutic approach is the only plausible way of tackling perversions of the analytic process such as those the analyst encountered with increasing intensity during the first year of this patient's treatment. While fully agreeing with both the key components of Jiménez's description and the pragmatics of his approach, I would like to offer an alternative theoretical formulation which, though neither particularly innovative nor divergent from the insightful theoretical account

which Jiménez offered in his original paper, might nevertheless cast a slightly different light on the therapeutic process so elegantly described in the target paper.

Over the past decade, my colleagues and I have advanced a psychoanalytic model of the developmental process focused on the development of the capacity for mentalization (Fonagy, Gergely, Jurist, & Target, 2002) that may help in understanding the particular struggles which both Matías and his analyst faced in addressing his particular interpersonal and emotional problems in the course of a relatively brief analytic encounter. Mentalizing is a form of imaginative mental activity, relating to perceiving and interpreting human behaviour in terms of intentional mental states (e.g., needs, desires, feelings, beliefs, goals, purposes, and reasons) acquired in the context of attachment relationships through a process of contingent mirroring (see Allen, Fonagy, & Bateman, 2008, Chapter One for a comprehensive description of the links between this definition and those offered from other perspectives). It is worth noting that there is substantial consensus regarding the location in the brain of activities that accompany mentalization (Frith, 2007; Lieberman, 2007) and that this concept, which originates in psychoanalysis (Fonagy, 1989), is currently a focus of intensive research in neuroscience. The issue of neurobiological bases is, however, peripheral to our consideration of this case. From a developmental perspective, we should note that mentalization is a capacity acquired in stages throughout the child's early years, with understanding of emotion anticipating an understanding of beliefs (Carpendale & Lewis, 2006) and both being anticipated by an awareness of rational intention (Gergely, Bekkering, & Kiraly, 2002). While an understanding of oneself and others in terms of mental state is broadly reliably present from 3.5–4 years of age, recent studies of brain development have underscored the continuation of the developmental process until its completion in late adolescence (Blakemore & Choudhury, 2006a,b). We have been keen to emphasize that mentalization is not an easily quantifiable capacity that is absent in some and present in others (although such extreme cases also exist; see Baron-Cohen, Golan, Chakrabarti, & Belmonte, 2008; Blair, 2008); more generally it is vulnerable to temporary inhibition or decoupling in some individuals under circumstances of arousal and/or the intensification of attachment needs (Fonagy & Bateman,

2006b) and comes and goes to a degree with most of us depending on intrapsychic and interpersonal dynamics. Neuroimaging studies have shown that the activation of the attachment system simultaneously deactivates many brain centres associated with social-cognitive function including mentalization (Bartels & Zeki, 2000, 2004). As with any mental function, mentalization can also be disengaged in the service of conflict and compromise, and exposure to maltreatment can cause an apparently permanent "deficit" in mentalization. Faced with an adult's genuinely malevolent thoughts and feelings towards a child, the child may withdraw into a state where non-mentalization is to be generally preferred. Of course, the malevolent thoughts of the adult may not be real, but may be anticipated by the child, giving rise to a phantasy that may be the product of neurotic compromise, as when the Oedipal child imagines paternal retribution in the absence of mentalization, resulting in the generation of a "mindless" and terrifying experience.

Across a number of previous papers, Mary Target and I have speculated that three modes of representing internal experience (subjectivity) antedate the full development of mentalization (Fonagy & Target, 1996, 2000, 2007; Target & Fonagy, 1996). As all three pre-mentalizing modes of subjectivity find their way into the experience of subjectivity in cases of severe distortion of psychic reality, such as is evident with Matías, we will briefly describe these here. The mode of psychic equivalence, characteristic of the subjectivity of 2–3-year-olds, assumes an isomorphism between mind and world, resulting in an identification of mental reality and outer reality which leaves the child (or the adult person functioning in this mode) feeling that the internal has the power of the external. It is sufficient for a child to imagine that there is a dangerous snake in the long grass for a state of panic to overwhelm him. The experience of one's own mind in this mode can be terrifying (the flashbacks of PTSD may be a good example (Allen, 2001)). In the mode of psychic equivalence, the projected fantasy comes to be experienced as compellingly real, generating a curious sense of certainty about what others think or feel. This false sense of certainty that one knows all there is to know creates an intolerance of alternative perspectives ("I know what is to be done and no one can tell me otherwise") and a bizarre expectation that others should know what one knows oneself (sometimes referred to as

the “curse of knowledge bias” typical of three-year-olds (Birch & Bloom, 2003)). For three-year-old children, the parent’s incomprehension of their perspective can feel like wilful insensitivity, to which the child responds with a tantrum. More painfully, particularly for those individuals whose constructions of themselves are predominantly negative, self-related cognitions are felt as real, too acutely real to be tolerable, generating a feeling of badness of unbearable intensity.

Psychic equivalence mode is accompanied in the pre-mentalistic subjective world by the pretend mode, which may serve as a balance to the concreteness that characterizes psychic equivalence mode. The pretend mode is experienced as a state of protected unreality, where it feels as though little is real and where ideas form no bridge between inner and outer reality. In this mode, the mental world is experienced as decoupled from external reality and the child can imagine and pretend as long as he or she is not challenged by the external world. The full experience of “as if” in the sense of playfulness (Huizinga, 1938) is not there yet. In pretend mode, the internal feels unreal. “A domain which became separated from the real external world . . . free from exigencies of life, like a kind of reservation” (Freud, 1924e, p. 187). Consequently, in pretend mode, the external can be experienced as unreal. This is the second, different sense of the “as if” quality, described beautifully for the first time by Helene Deutsch (1942):

The first impression [‘as if’] people make is of complete normality . . . But [there is] something strange . . . To the analyst it is soon clear that . . . all the expressions of emotion are formal, that all inner experience is completely excluded. [p. 303]

Britton (1992) has also described this mode as “an area of thinking protected from reality and preserved as an area of day-dream or masturbatory fantasy . . . a place where some people spend most of their lives” (p. 34). Pretend-mode functioning is also manifest in the sense of emptiness, meaninglessness, and dissociation that often follows in the wake of trauma (Fonagy & Target, 2003). Even more seriously, a lack of reality of internal experience permits self-mutilation and states of mind where the continued existence of the mind is no longer contingent on the continued existence of the physical self. From a therapeutic point of view, pretend mode represents a

very real danger of precipitating an exploration of subjectivity for its own sake, split from external reality (pretend mode where internal is split from the external) (Fonagy & Bateman, 2006a). For example, with severe borderline patients, psychotherapy can paradoxically become a non-mentalizing pursuit that serves to prevent rather than enhance genuine feeling and thought. We have, therefore, suggested, very much in line with Jiménez's early caution, that psychoanalytic interventions must be tailored carefully to the patient's mentalizing abilities (Bateman & Fonagy, 2006).

The third mode of pre-mentalistic subjectivity reaches back to infantile experience at approximately nine months of age, when the infant already has a good sense of how to interpret goals and intentions in the other as long as the consequences are sensorially accessible (Gergely, Nadasdy, Csibra, & Biro, 1995). The teleological stance thus reflects a state within which expectations concerning the agency of the other are present, but these can only be formulated in terms of the observable physical (rather than mental) world. A person functioning teleologically will understand and interpret actions in terms of their physical, as opposed to mental, outcomes. Patients cannot accept anything other than a modification in the realm of the physical as a true index of the intentions of the other. Only action that has physical impact is felt to have the capacity to alter the mental state of both self and other. To experience a sense of the other's concern the individual in the teleological stance requires physical demonstrations by others; in order to experience a sense of the other's affection there has to be physical contact. As encoded by common parlance: "actions speak louder than words"; but to the pre-mentalistic mind, only actions are seen as indicative of intention. Manipulative physical acts of self-harm and desperate demands for physical demonstration (of affection) by others suggest a re-emergence of the teleological stance in the problems frequently reported by individuals with a diagnosis of BPD.

Jiménez's presentation of the fundamental dilemma

Medical practitioners are obligated to ensure that, first and foremost, no harm is caused to the patient through treatment. Jiménez cites both Ferenczi (1988) and Rosenfeld (1987) to draw our attention to the real possibility that, with traumatized patients in

particular, an exclusive focus on the transference, and especially its destructive aspects, may re-traumatize the patient and create an impasse not easily dealt with by further interpretation. While Rosenfeld may have been the first modern Kleinian to state this danger explicitly, more recently others have described this risk (see, for example, O'Shaughnessy, 1992; Roth, 1994). However, these contributions were made mostly only after the target paper was originally published, and in them the danger is not seen as a general problem with certain patients, but as one restricted to very specific moments within a treatment. The originality of Jiménez's paper is not challenged by these and other later contributions. It takes great courage to report observations that are inconsistent with cherished, if idealized, beliefs. In an ideal world, it would be sufficient simply to assert the truth for it to be recognized as such; sadly in the psychoanalytic world, the truth seems often to be recognized only when accompanied by a fanfare of approval.

As novelists and filmmakers know, uncomfortable truths can be made more palatable when presented through a compelling narrative. The clinical material Dr Jiménez presents is particularly striking. This is not just because of the bizarre fetishistic features of the patient's sexuality, but also because the limitations of the mental capacities in this kind of patient come into such clear relief in the account, particularly as the therapeutic process intensifies. In what follows, I would like to focus on these evident limitations in Matías's ability to envision mental states in himself and in others. The worsening of this problem as the analysis progresses shows how the intensification of the attachment relationship between patient and analyst appears to challenge more and more Matías's ability to see his analyst as a separate being with thoughts and desires different from his own. The dynamic reported appeared to involve two physical persons, but they were only pseudo-independent of each other. Matías consistently assumed that one could read the other's state of mind perfectly. Of course, Matías is not truly aware of Dr Jiménez's feelings and thoughts. He sinks into a pretend mode of pseudo-mentalizing. Here, feelings and thoughts are attributed without reference to a context that external reality normally provides. Dr Jiménez notes this in his account and appropriately links the absence of reality to the absence of the Oedipal third—the father (this notion is beautifully explored recently by Britton, 2004).

However, the disappearance of reality as a background makes psychoanalytic interpretation a risky activity. From the point of view of psychoanalysis, an interpretation is an explanation that conveys knowledge, based on inference from context, about the patient's psychic life from the analyst to the patient (Lowenstein, 1951). But it is based on the assumption that experience feels real to the patient, can be monitored and a comparison made between the reality of internal experience and the analyst's comments. Attempting to identify hidden intentions unconnected to reality is a game into which the analyst may be enticed by the patient. The analyst engages with this at his or her peril. The core characteristic of Matías's defensive position is to shift the interaction into a pretend mode, the developmental precursor to mentalization, where the connection between internal states and external reality has been systematically removed and nothing that is said about internal state feels meaningful. Matías appeared to be able to enter into complex discourse concerning his subjective experience in the transference, but the analyst quickly noticed that this had no traction; it had no connection or link to anything real. Matías's delusion of being face to face with his analyst despite the restriction on perspective imposed by the reality of the couch is a memorable illustration of a situation where the imagined mental state of the other suffices in place of reality. He obviously had the subjective experience of knowing his analyst from the inside, probably with the perverted sexual fantasies that we might expect unconsciously to accompany such a construction. The hallmark of the pretend mode is the experience of meaninglessness in the midst of the act of symbol creation. Jiménez puts it thus: "He (Matías) attributed some hidden meaning to the explanation, which made it lose its value and so on, *ad infinitum*".

If we assume that the loose handle Matías had on the analytic process can be attributed to the increasing failure of his capacity for mentalization as his attachment to the analyst intensified, we would expect to find psychic equivalence as well as pretend-mode function in the material. Of course his pre-mentalistic subjectivity does include these distortions. It was enough, for example, for him to believe that the analyst might have been critical of him for him to withdraw for lengthy periods. Equating the thought of someone being jealous or being critical with the reality of it is as

characteristic of the pre-mentalizing subjectivity of the 2–3-year-old child as it was of Matías's thinking inside and outside the analysis. Of course, psychic equivalence emerges only because mentalization (the capacity genuinely to consider what his analyst might be thinking) had been abandoned for the rigid, schematic, and barren but predictable mental models of minds in interaction. The pervasiveness of this defensive strategy, particularly in close interpersonal (attachment) contexts, played total havoc with Matías's everyday life, driving him to be socially quite isolated. At the end of the first year of his analysis, Matías finally acknowledges that people could have thoughts different from what he was thinking. So perhaps there is hope of change.

The third aspect of pre-mentalistic subjectivity, that of the teleological mode of functioning, is key to understanding Matías's peculiar sexual preferences. We have noted that in the absence of mentalization, a teleological mode of functioning may come to dominate subjectivity, and then only that which is visible or can be directly sensed is felt by the person to be real. The kind of hermaphroditic (I am both a man *and* a woman), bisexual fantasies which drove Matías's masturbatory activity are probably common in men. It is part of that peculiar facet of human sexuality that constrains both men and women to experience sexual excitement through awareness of pleasure and desire in the other (Fonagy, 2008). What may be more unusual was that it was evidently insufficient for Matías to create fantasies where he, in his imagination, identified with a woman in a state of desire and excitement. For Matías to experience excitement, he had physically to *observe* this woman, either by turning his own excited body into a female shape and looking at it in the mirror or, later in his treatment, by his extreme voyeuristic practices. Of course, there are deep psychoanalytic questions to be asked concerning the origins of his fixation with women touching their breasts or genitals. However, the dramatic aspect of his sexual perversion was not the concern with female sexual excitement, but its teleological instantiation in front of the mirror or in the darkness of the village gardens.

The teleological mode also played a part in the patient's apparent acute awareness of his analyst's state of mind. This curious sensitivity to what is visible often leads analysts to gain the impression that a non-mentalizing patient may be particularly sensitive to

internal states. This is, of course, only partially true. The teleological mode enables infants and small children to be astute in noticing small visible signs within facial displays of affect, sometimes so small that the person is unaware of having expressed emotion. With maturity, this level of sensitivity may still be present, but in most of us is routinely overridden by an over-arching mentalistic understanding of the interpersonal context of an interaction where such minor variations from what is expected are discarded. If they are processed, they amount to an unnameable sense, an "impression" or an "atmosphere". The absence of mentalization, however, foregrounds this background process. Matías demonstrates awareness of Dr Jiménez's preconscious states of mind and succeeds on many occasions in wrong-footing him in a way he clearly does not experience with his other patients. For example, the projection of homosexual interest into Dr Jiménez might have been occasionally reinforced by a glance or a smile that revealed his undoubted affection for his patient, to which Matías was more alert than more mentalizing patients might be. The sensitivity of the patient to fleeting but genuine expressions of momentary emotional states is ultimately a hindrance rather than a help in their attempt to navigate complex social relationships. The face and the prosodic qualities of speech are a theatre for too many states of mind for a coherent understanding of a relationship to be reliably achieved by these means. Creating a representation of two minds in interaction with one another that replaces the non-mentalistic stimulus-response reactivity of a teleological mode is a precondition for mature object relations.

The process of change

Matías evidently changes in his analysis. The change is complex and not all aspects of it appear immediately to be desirable, but in general most would agree that he greatly benefited from his experience with Dr Jiménez. What, then, brought Matías to this new place in relation to his own and his analyst's perception of his life? Dr Jiménez's technique, which he gives us ample opportunity to observe, is a mixture of very measured and careful traditional analytic and superbly sensitive supportive work. There are several

features of the work, particularly at the early stages of the treatment, which stood out for me. Dr Jiménez's interventions tended to be experience-centred, addressing the relatively conscious (and preconscious) mental states of Matías, and were very much in the here-and-now of the patient's life, eschewing complex reconstructions or Strachey's (1934) advice concerning mutative interpretations. Rather, he seems to give priority to process over content, promoting close attentive thinking about internal states and the context of feelings, thereby enhancing Matías's ability to mentalize in the context of his relationship with his analyst and the rest of his life.

Of course, every process requires content, and we must be especially concerned with the mental contents in relation to which mentalizing skill may be impaired. For Matías, his relationship with his analyst, up until the point that mentalization of his homosexual fantasies became possible, was a domain in which thinking appeared impossible. In the session cited at length in the paper, moments when attachment concerns are expressed either in relation to Ana or in relation to his doubts about the analyst's continued concern with Matías, teleological ideation about masturbation also came to the fore. The analyst–teacher's disappointment in his pupil is hard to mentalize, as it arouses strong attachment needs of being physically (sexually) comforted, (sucking his breast penis, being penetrated by his thoughts about him, etc.). At this point, these wishes cannot be thought about, they are experienced at a physical level of general unease that pervades the session. The homosexual transference triggers conscious and unconscious conflicts in the attachment relationship and the anxiety thus generated in turn intensifies the need to have someone (a mother or father) there to help resolve the problems that he feels he is too small to cope with (his immature mental capacities are represented by the image of the little boy's erect penis). But the intensification of the attachment needs serves to further inhibit (deactivate) mentalizing capacities—the very capacities that he needs to extract himself from his predicament. Sadly for Matías, his non-mentalized experience of his transference feelings is even more terrifying. He has little choice but go into what he terms “role-plays” with his teacher, which he hates because they deprive him of a genuine experience of feeling like a man. He merely dreams about a genuine intercourse. When he is

touched by Ana or his analyst, his mature functioning simply melts away. This is his "fundamental dilemma".

So what can the analyst do? There are clear dangers associated with the exploration of Matías's subjectivity in the hope of achieving insight and, thereby, psychic change. Once his anxiety triggers his need to be looked after and cared for, his activated attachment system deactivates mentalizing and brings forth the pseudo-mentalizing defences. His subjectivity comes to be largely split from external reality (he is in pretend mode, where the internal is split from the external). The situation, however, is far from hopeless. We can discern a number of features to the technique that appeared to help Dr Jiménez retain contact with his patient despite the "fundamental dilemma". So, what does he do? He remains almost exclusively focused on the patient's current mental state, commenting specifically on thoughts and feelings, but not directly on his behaviour. He aims to create a transitional space of thinking while simultaneously (by his mere presence) activating the attachment relationship Matías developed to him. He avoids situations where the patient talks of mental states that he cannot link to subjectively felt reality. He simply remains silent. His interventions are marked by a de-emphasis on "deep" unconscious concerns in favour of conscious or near conscious content. In the first year of Matías' therapy, he deliberately avoids describing complex mental states (conflict, ambivalence, the unconscious). At this stage, he gives brief, simple interventions, what we have termed "small interpretations", although, by the end of the year, this is clearly no longer a necessary constraint (at least, judging by the last interpretation in the session reported in detail). Even then, the focus is on Matías's mind (not on his behaviour). He deliberately avoids discussing past trauma in case Matías should get lost in historical speculation. He is primarily focused in Matías's affect (his loves, his desires, his injuries, his catastrophes, his excitements). Importantly, at a turning point in the treatment (and probably at many other times), he discloses his experience of the "state of affairs" that pertain in the analysis. This is important in our view, not because of the relational experience it creates (no doubt it does that, too), but it enables Matías to use his analyst's mind as a model of how minds can and do function. Perhaps of greatest significance is the attitude of flexibility that Jiménez conveys to counteract the rigid, fixed

schematic modes of subjectivity he finds in his patient. This is a kind of corrective emotional experience at the level of style of mental function. By moving between levels of emotional complexity and intensity, he is offering to Matías the flexibility that Matías is unable to muster for himself.

Conclusion

In this commentary, I have attempted to suggest a way of understanding the fundamental dilemma using the concept of mentalizing. I tried to elaborate on Jiménez's point of the fundamental problem in inducing and interpreting the transference. I have suggested that in certain patients, at least, inducing a transference experience generates anxiety which in turn activates the attachment system. This deactivates the capacity to mentalize, leading to the re-emergence of non-mentalistic modes of representing subjectivity that are largely incompatible with a cure, as they impede the therapeutic provision of an understanding of minds using interpretive insight-orientated techniques. If the analyst persists in the interpretative stance despite the anxiety this evidently generates in the patient, he can find himself in a vicious circle of increasing fear and arousal that activates the attachment system. In this situation, the patient experiences an increasing need for the person of the analyst, but a diminishing ability to make productive use of the analyst's communications. This is the fundamental problem of psychoanalysis with patients whose early attachment experiences have failed to establish a mentalizing stance with sufficient robustness to withstand the anxieties that the intensive encounter of the transference can generate.

Patients whose mentalizing capacities are significantly and consistently impaired in the transference will have difficulty making use of treatment. In such instances, a particular focus on building mentalizing capacities will be crucial as a first stage of treatment and, at least initially, the analyst can adopt aspects of the stance of mentalization-based treatment (Bateman & Fonagy, 2004, 2006). This is not to advocate a new brand of therapy, but merely to suggest one possible way out of the fundamental dilemma, a research-informed approach to providing essential developmental

help (Hurry, 1998). Mentalizing is fundamental to all forms of psychotherapy (Allen, Fonagy, & Bateman, 2008). The success of any treatment will depend on the mentalizing capacity of both the patient and the therapist. Mentalizing may be commonplace, and it is certainly not a new concept in either psychoanalysis or philosophy of mind, but it is not simple and it is not easy. Psychoanalysis is the most thoroughgoing exploration of the mind developed to date, and, as the work of Dr Jiménez beautifully illustrates, it can also be a mentalizing treatment *par excellence*.

CHAPTER THREE

The analyst's personal mental makeup in psychoanalysis with perverse patients

Rodolfo Moguillansky

Introduction

In this chapter, I explore the analyst's personal mental makeup in the psychoanalysis with perverse patients. It is consistent with the concept I have developed over the years (Costantino, Moguillansky, & Seiguer, 1991; Moguillansky, 1999, 2001a, 2005a,b, 2007; Moguillansky & Vorchheimer, 2003), that perversion is an entity *per se* with peculiar characteristics in the construction of phantasy—based in ego splitting and in the disavowal of castration—which explains a tendency in perverse patients to perform perverse actings. It would be a subject for a full agenda for a Congress to make clear what analysts mean when speaking about *castration*. I do not centre this notion in the presence or the absence of the penis. Thinking about it in such a way would be transforming an infantile sexual theory into a psychoanalytic theory. The perspective opened by Melanie Klein (1957) regarding breast envy correlated with penis envy allows us to define castration as the recognition of an ontological lack, not a penis lack.

When I say *castration*, I refer to the recognition of incompleteness, the impossibility of the subject to find all he wishes in himself. Lacan's contribution (1958) has been of main importance when he

changed penis into phallus as the significant of lack. He did not refer to the phallus as a partial object, but as an object that puts all possible interchange in order. Lacan (*ibid.*) said that the phallus is neither a fantasy in Freudian doctrine, if we have to understand it as an imaginary effect, nor an object (partial, internal, good, bad, etc.), in as much as this term tends to appreciate the reality included in a relationship. Phallus is a significant, it is not an organ.

I have stated the importance of demanding the presence of sexual perverse actings to define perversion. It is difficult nowadays to delimit what is “a perverse manifestation of sexuality”, mainly after the revolution brought about by the discussion on gender; however, I proposed, with other authors (Aulagnier, 1967, Gillespie 1951; Lacan, 1958, etc.), that although centring the specificity of perversion in the presence of a perverse mental structure, the presence of “a perverse manifestation of sexuality” is also a defining phenomenon for perversion.

In another chapter of this book:

- I distinguish, according to premises founded on psychoanalysis, between perverse acting out and dreams;
- I propose that we can state that perverse acting out and dreams are the result of different metapsychological psychic operations which our practice addresses;
- I suggest that, by means of psychoanalysis, it is possible to modify the unconscious determinations of perverse acting out: what is disavowed in perverse acting out may turn into desiderative conflicts (neurotic conflicts, unconscious formations), and this enables them to be dreamt;
- I show the transformation by means of psychoanalysis from suffering due to a perverse structure into functioning close to neurosis;
- I illustrate this transformation—perverse acting into dream (also demonstrated in Costantino, Moguillansky, & Seiguer, 1991; Moguillansky, 1999, 2001a, 2004 with vignettes extracted from the psychoanalysis of patients who fulfilled all necessary requirements for a diagnosis of perversion when they consulted). I give change indicators starting from transferential constellations that could be characterized as perverse acting out. They become dreams due to their working through in the session.

The way of conceiving perversion, taking direct account of our practice, has the advantage of allowing us not to get tied to culture changing definitions.

We have to define the psychoanalytic clinic of perversion.

Psychoanalysis has developed a large body of theoretical work to understand perversion in its unconscious roots. It is also certain that in spite of having that theoretical capital we have to continue the task of defining the concept of perversion as Amati Mehler (1995) demanded.

In order to fulfil that *dictum*, we must make our contribution by showing how perversion appears in psychoanalytic clinics, especially how it appears in the intersubjective reality of the analytic relationship, at the same time exploring how the singular psychic reality of the analyst takes part. I agree with Juan Pablo Jimenez's definition of intersubjective reality (2004). He conceives intersubjective reality as the psychic reality that we assume we share with other people. This shared world, which expresses itself and structures in language, is the human and socialized reality of our family life, of our work, the world of our daily immediate experience. This shared world is in constant and dialectic interaction with our emotions and fantasies, with our most unconscious dreams and thoughts. According to the definition of intersubjective reality as a shared reality, what we call psychic reality in psychoanalysis would have an idiosyncratic aspect, that cannot be communicated—an internal aspect—and another aspect which can be communicated, which is an external aspect since it is accessible to the psychic reality of other people. This is the point on which this chapter will be centred.

The analyst's personal makeup in psychoanalysis with perverse patients

We have a long tradition of exploring the peculiarities of the niche that is created between analyst and analysand in psychoanalysis with perverse patients.

Years ago, Riesenberger-Malcolm (1970) pleaded for the analysis of the experience of transference perversion and its unfolding in the relationship with the analyst beyond the exclusive focus on the dissection of the symbolism of the perverse acting out.

Joseph's insistence that perversion can only be solved by means of the analysis of what takes place in transference is well known to us (Joseph, 1971). Let us remember how Joseph described the eroticization of the bond, the use of word or silence to project excitation on the analyst, how, by means of passivity, perverse patients cause impatience in the analyst trying to push him or her to act.

The introduction of the notion of *transference perversion* that we owe to Etchegoyen has also been important for the clinical demarcation within the method. Etchegoyen (1977) defined a specific form that "tries to unify the diverse clinical phenomena that are observed in the treatment of this group of patients" (p. 186) that he characterizes by "the eroticization of the analytical link" (p. 197), by a peculiar type of narcissistic object relationship which intends to construct a permanent *illusory subject-object unit*, and by the use of communication to cause excitation and impatience in the analyst. These characteristics, as well as the presence of a generally latent controversial, challenging attitude, accompany the entire therapeutic process.

Etchegoyen thinks that the challenging attitude is due to the transformation of desire into ideology.

The concepts described by Racker, 1948, Heimann, 1950, Bion, 1957, 1962b, 1965, Kris, 1950, Sandler, 1976, and Botella and Botella, 2003 are, nowadays, usual within psychoanalytic thought in order to understand what happens to the analyst. This tradition allows us, the analysts, to use countertransference as an instrument of observation by which we do not only observe and interpret what we perceive in the patient, but we also include in our understanding the data originated in the observation of ourselves, of our emotional reactions. We try to explore the connection between what is going on within us and what is going on in the inner world of the patient.

I would emphasize what Gill (1994) told us about psychoanalysis with perverse patients:

The therapeutic situation is a couple, that is to say, the psychology of two people inexorably takes part. The analyst is always influencing the patient and the patient is always influencing the analyst. This mutual influence cannot be avoided, it can only be interpreted. [p. 50]

Adding to what Gill stated, I would remember what a long time ago Austin (1962) taught us. Austin said that all verbal formulation

contains a performative flank. This performative quality is of great importance in the analysis of perverse patients.

The background I have been mentioning follows what Pichon Rivière (1946, 1951) introduced and Madeleine and Willy Baranger (1969) continued when they raised the idea of the analytic situation being like a *dynamic field* in which patient and analyst interact. Therefore, I join them in asserting that the analyst inevitably participates in the field of the analytic situation: the analytic situation can no more be understood as the objective observation—by an analyst-eye—of an analysand in regression.

I make my own what Jiménez (2004) says referring to psychoanalysis with perverse patients. He remarks that a particular difficulty arises in the establishment and maintenance of the basic intersubjective agreement that sustains the psychoanalytic relationship.

In a previous paper (Moguillansky, 2001b) about “the analyst’s personal mental makeup”, I warned about how we listen to what *the perverse patient* says, while being aware that we are moulded by *social meanings that operate and frame our listening within a certain way of feeling and thinking*.

We cannot disregard the mind of the analyst in psychoanalytic practice with perverse patients and we have to recognize its participation in the analytic process.

We face difficulties in the analytic listening of these patients which are not only determined by the intersubjective relationship that they establish with the analyst, but also depend on the analyst’s unsolved countertransference problems.

I will not only try to investigate countertransference as what the patient promotes in the analyst, but I will also take into account the impossibility of respecting the abstinence rule. I will show how we are confronted in a very particular way with our blind spots, prejudices, passions, enigmas, wishes, and deficiencies in psychoanalysis with perverse patients. There are effects exerted on the analytic situation when analysing perverse patients that are a result of what takes place in ourselves, in our psychic reality, and determine our interactions with the patients.

As a prologue to how “the analyst’s personal mental makeup” takes part in the psychoanalysis with perverse patients, I will make some considerations on analytic listening with perverse patients.

The analytic listening with perverse patients

It is not easy at all to include the perverse acting out within the psychoanalytic method, the problem of including the idiosyncratic world in which the perverse patient lives in the analytic session.

We know that the perverse patient does not generally consult because of his acting out. The perverse patient habitually consults due to something he cannot deal with, something he considers “an excess” in his life.

Perverse patients usually do not speak about their acting out at the beginning of an analysis (Moguillansky, 2005b). We also have the problem that these patients, although sharing the world with the analyst, simultaneously live in a universe of experience which is not accessible to the analyst, a “strange space”, an idiosyncratic world (Jiménez, 2004). The perverse patient does not usually speak about this idiosyncratic world at the beginning. Not only does he omit the scenes unfolded in the perverse acting out, but these scenes at first take place somewhere else, in a foreign space, not in the analytic situation.

It is a common clinical experience that perverse patients do not have a memory of their acting out because they are captured by a sensuality in which they have lost the dimension of time. The problem is how to include the perverse acting out in the analytic session, with the analyst’s tolerance included within the world of the patient as it unfolds in a session.

The acting out taking place in the session constitutes a turning point; it is an indicator that the *Spaltung* between the two worlds—the shared and the foreign idiosyncratic worlds—has become porous, as described before.

This change, the acting’s entry into the session, includes the analyst, and this involvement is the first step towards getting in touch with the patient’s “foreign world”. Analyst and patient begin, to some extent, to share the experience on “what life is like” in that “idiosyncratic world”. This involvement allows us to find the words that can later lead to the weaving of a story around the acting out and the patient allowing himself to talk about it. It is usually a relatively delayed phenomenon.

This involvement in acting out refers to the different configurations in which the analysts are included. Sometimes, we find

ourselves attending to the unfolding of stories with “images of fascinating appearance”, which create an environment of sensorial saturation in the session. These stories usually do not hint at the sexual ambiguity that saturates them, neither do they show that they are a product of a dismantled mental activity. On the contrary, their entry into the scene of the session usually occurs through stories that try to elicit a “visual listening” of the scene. They try to make the analyst feel as if he were “seeing the scene”.

At the beginning of the analysis, the analyst has to let himself be caught in the “fascination” of the patient’s acting out. When this configuration unfolds, it is important for the analyst to let himself/herself be caught by the “fascination” it produces. This is how acting out begins to exist in the session, to have presence in the mind of the analyst.

Tolerating the fascination of the “visual story-line” of these patients will enable the analyst to begin representing it, but it entails the risk of abandoning “floating attention” to be taken over by “visual listening”. The analyst usually feels that these patients appropriate his/her person with the fascinating visual story-line. It is because of this “visual story-line” that the analyst’s ideas seem to be suspended and he/she feels included in a timeless situation. The analyst, “fascinated with that visual listening”, gets to feel that he/she is in danger of being immobilized by what is “visible”.

Without losing our abstinence, I state the need for letting ourselves be included in the patient’s visual story-line, since it is the only possibility of exploring the meaning of what has been disavowed. The difficulty of including ourselves is not always due to the perverse patient leaving us outside his or her world.

Acting out may appear in different instances, and sometimes with no free association, making it difficult for us to turn it into words. The way in which the perverse patient acts and what he/she says are *strange* to us (*unheimlich*, Freud, 1919e).

I have remarked in different papers (Moguillansky, 2003, 2004, 2007) that in order to observe the abstinence rule, we must suspend common sense, in as much as it represents a *unitary or unifying function* which originates and is simultaneously based on the belief of a standard order, or even of natural laws; the conception of *natural* constitutes an obstacle when thinking or analysing. A long time ago, Bachelard (1984) told us about the unifying tendencies of

the mind when he theorized about the notion of the *epistemologic obstacle*.

*Two experiences where the uncanny arises:
what cannot be apprehended in touch with
"the other" and what culture repudiates*

Nadie puede ponerse en tu lugar, pensaba yo, ni siquiera imaginar tu lugar, tu arraigo en la nada, tu mortaja en el cielo, tu singularidad mortífera. Nadie puede imaginar hasta que punto esta singularidad gobierna solapadamente tu vida, tu avidez de vivir; tu sorpresa infinitamente renovada ante la gratuidad de la existencia; tu alegría violenta por haber regresado de la muerte para aspirar el aire yodado de algunas mañanas oceánicas, para hojear libros, para acariciar la cadera de las mujeres, sus párpados adormecidos, para descubrir la inmensidad del porvenir. Había que reír, realmente. Por lo tanto río, inmerso otra vez en el orgullo tenebroso de mi soledad. [Semprún, 1995]

[Nobody can put himself in your place, I thought, not even imagine your place, your root in nothingness, your shroud in the sky, your deadly singularity. Nobody can imagine to what extent this singularity governs your life slyly, your eagerness to live; your infinitely renewed surprise in the face of the banality of existence; your violent joy for having returned from death to inhale the iodized air of some oceanic mornings, to leaf through books, to caress a woman's hip, her drowsy eyelids, to discover the immensity of the future.]

Mi estimado amigo:

Le escribo para comunicarle que me veo asaltado por un sentimiento de Grave Extrañeza e Intensidad tal que el recuerdo de los hechos que presenciamos esta misma tarde parece disgregarse y desvanecerse en mi memoria. Me es imposible dar razón de lo sucedido . . . [Lovecraft, 1989]

[I write to let you know that I am overtaken by a feeling of Serious Surprise and Intensity so that the memory of the events we witnessed this same afternoon seems to disintegrate and vanish from my memory. I find it impossible to explain what happened . . .]

The inaccessibility of "the other"

Human beings have difficulties in representing "the other" when he or she is absent (Bion, 1962a,b, 1965). I will avoid redundancy, since this is a well-known fact to all analysts. I will illustrate it by means of a letter that Franz Kafka sent to Milena, which describes the loss of representation when somebody who has been invested is absent: "I suddenly notice that in fact I cannot remember any particular detail of your face. Only your silhouette, your clothes, when you moved away between the tables in the cafe: I can still see that" (Kafka, 1920–1922). With these words, Franz Kafka finished his second letter to Milena, in April 1920, while he was recovering in Merano.

Freud's "Mourning and melancholia" (Freud, 1917e) began a way of dealing with this problem that would acquire importance as a way to explain representation. Representation underlies all psychoanalytic theories about thought (Bion, 1962a,b, 1965; Freud 1897, 1900a; Money-Kyrle, 1961, 1968; and others).

When "the other" goes away, it is not only he or she that is no longer with us: we also lose his or her representation, which is blurred by absence, as Franz Kafka says to his beloved Milena. We must undergo a laborious, difficult, and complex process of mourning, after which we obtain incomplete representations that allow us to think that "the other" is absent or that we have lost him or her. Nevertheless, this difficulty in representing, even knowing about, "the other" is not only due to his or her absence, it also happens in his or her presence. What can we know about "the other"? Can we know what "the other" thinks? What can "the other" know about us? In the epigraph I have selected, Jorge Semprún states that: "Nobody can put himself in your place . . . not even imagine your place, your roots in nothingness, your shroud in the sky, your deadly singularity. Nobody can imagine to what extent this singularity governs your life slyly". "The other", even when present, is inaccessible, and his or her being inaccessible is *unheimlich*—uncanny—for us, which culture repudiates.

It is not only the inaccessibility of "the other" that is *unheimlich* for us. Adding to this difficulty, he raises—being "the other"—what we perceive in him is different from us. A new vertex is added to experience him or her as *unheimlich* if he or she embodies what a

certain culture does not consider its own; this becomes more remarkable if “the other” has attributes which have been expelled and repudiated by that culture.

Destiny of the uncanny

Regarding our belonging to a certain culture, we not only reject what that culture repudiates, but we also deny that we are doing that. (With the disavowal of the uncanny, we try to do what the Romans did with Carthage: we plough with salt the others’ territory so as to make it disappear, we deny the possibility of its existence.) This makes me wonder: can we think about facts, attitudes, or desires of “the other” which are repudiated by culture, or even those which we suppose, according to our cultural affiliation, do not concern the human order?

We must admit that we usually do not have such a lucid take as Semprún has on how radically inaccessible “the other” is to our ego and how inaccessible we are to “the other”; neither do we realize what it is we are rejecting, since we suppose *it does not belong to our world*: in a radical sense, we feel *surprise* before it, it is *uncanny*, *unheimlich*. We must be aware that when we state that a feeling, a behaviour, a way of being does not belong to the human order, we do not think it is only a point of view we disagree with. When stating it, we feel ourselves as if we were at *the right hand of God*, considering not only what *is good and what is bad*, but also *what is and what is not*. We easily turn the formulation of an attribution judgement into the formulation of an existence judgement. We try to avoid the painful reactions the feeling of the uncanny brings us when we say, with the strength of conviction (although the notion of conviction has multiple meanings, among them one close to faith, the way in which I would like the reader to understand it is the adhesion to an idea which is assumed to be true, without any rational thought), *it does not belong to the human order*, as if it were a judgement of existence, or, in reality, of *non-existence*.

This *non-existence judgement* usually makes us take refuge in the conviction that we know about “the others” and that “the others” know about us. This knowledge, that we foolishly believe we have, also says what is *heimlich* and what is *unheimlich*, filling the opacity

Semprún speaks about. It denies our blindness to the inner world of the other. Our blindness is disavowed with beliefs that have the merit only of providing us with the fictional growth of our ego and with the illusion of "the other" becoming transparent. The ego believes it has the power to decide what is human and what is not. We usually cling fiercely to the possession of this *ego dictum*. It is difficult for us to tolerate its weakening, or to doubt it. Hesitation usually entangles us in a narcissistic wound. Sometimes, we take offence when we discover, or are shown, its indigence. However, what is repudiated or denied cannot be suppressed.

The disavowal never suffices. What has been disavowed is considered unnatural and returns as uncanny, *unheimlich*. When the uncanny enters our world, it usually causes the development of paranoid hypotheses, trying to abolish the uncanny while attempting to have a representation of it. If this capacity to produce paranoid hypotheses becomes unviable, our mind becomes confused—as is suggested by Lovecraft's epigraph—and seems unable to continue thinking; the clinic of depersonalization and derealization tells us about it.

*Two denominations in popular language:
animalada and eccentricity*

Popular language usually calls what moves away from what is human, in colloquial terms, *animalada*, *monstrosity*. We sometimes also catalogue people—in popular language—as being *eccentric*, and certain events as eccentricities. I need this other category, the *eccentric* one—outlandish—to compare it with that of being *monstrous*.

I would like to describe what I mean in this context when I say *animalada* and what I mean when I say *eccentricity*. When I say *animalada*, or describe somebody as being *monstrous*, I refer to something or somebody that has been expelled from our world. They can no longer belong to our world and must be abolished; they have no representation, and, at times, should be considered *non-existent*. When we describe a person as being *eccentric*, *outlandish*, or some attitude as an *eccentricity*, even when in doubt, we declare it as belonging to the world.

The possibility of thinking about what lacks representation

Freud (1914c) taught us that we tend to reject what is different: he called it “narcissism of the small differences”. Our century—we already are subjects of the past century—has been a cruel exponent of the atrocities committed to abolish differences: genocides, ethnic cleansing, etc.

I have proposed that we usually declare some eccentricity as being *monstrous* and outside our world. If we take this as a true statement, we should also admit that what has been expelled and denied existence is part of the human order. What possibilities do we have to reintroduce it in our world? What chances have we got to move in the opposite direction, the one that goes from what is *monstrous* to what is eccentric? We should be able to think about it, despite the difficulties that arise when trying to represent it. Freud teaches us, in *Three Essays* (1905d), a good model of this way of understanding within psychoanalysis when he incorporates sexual aberrations as part of sexuality and not as a degeneration unrelated to what is conceived as human. One can invoke innumerable social models based on this. Many social organizations toil in bringing back into thought something or somebody that has *disappeared* from the social imaginary. Examples abound in our wounded Latin America.

I am using, *ex profeso*, a less than rigorous vocabulary, because the use of psychoanalytic words would obscure the gist of what I want to communicate: how we tackle problems which make us face questions that are outside our habitual world, very much outside the type of consultation we are familiar with. The lack of a precise theory, in conjunction with little or no clinical experience, can lead us to substitute prejudice for knowledge, making a travesty of scientific thought.

Analysts are not out of danger—despite the abstinence rule—from the influence of cultural values concerning what is reasonable, what is adapted, what deserves existence in the ecology we live in. We should admit that we frequently find ourselves utilizing criteria, characterizations, taxonomies that are mostly ideological. We know perversion is one of the areas in which setting ourselves free from an axiomatic vertex is most difficult. *Common sense* usually comes up when we deal with perversion. Frequently, it is only a

narrow, unwise way of thinking which coagulates established criteria belonging to a historical time, a geographic place, or a social class.

The analyst's interpretation turning the uncanny into perplexity

Several years ago, in the course of a clinical supervision, Leonardo Wender (one of my supervisors in the first years of my practice as a psychoanalyst) told me in a neutral voice, without the slightest hint that could make me think me it was a value judgement about a patient, "This person is eccentric, outlandish," The patient at issue was strange; I did not understand him, not in the sense in which we do not habitually understand in psychoanalysis. This boy seemed to me to be a Martian. He was strange in the way that Freud (1919e) described the uncanny, something *unheimlich*, not familiar, not belonging to this world, filthy (the Spanish word for filthy is *inmundo*. Etymologically, it would mean "outside the world". In Spanish we say "*mundo*" vs. "*inmundo*").

After Wender spoke about him as being *eccentric*, *outlandish*, I could begin to understand him as part of a world with which I was not in touch; Wender's commentary had the effect of an *interpretation*, which allowed me to change and begin thinking about what at first I felt as *uncanny*. (Interpretation compromises and modifies the one who is interpreting and the one who is being interpreted; this is the sense that I give to what I call Wender's *interpretation*. Although the notion of *interpretation* is well-known in psychoanalysis I will use it in the particular way George Steiner does when he says that *interpretation* must be understood as giving life to language beyond the place or the moment of its enunciation or immediate transcription. Steiner goes on to describe what I want to communicate; he says that the French word *interprète* includes all the pertinent meanings (Steiner, 1975).) The uncanny feeling turned into *perplexity*; I myself could begin to give existence to the patient's way of being.

Perplexity allowed me to realize that different worlds coexist, each one with its own rationality, often with little or no contact with the other, and each one of us living only in a reduced space thinking that it is all the world that there is.

In saying *perplexity*, I refer to a feeling that originates when we get in touch with something that we do not understand, we cannot represent, and yet we admit the existence of, the possibility of thinking about it.

Perplexity will help us to think about not only what we can represent, but also what we cannot represent (Moguillansky, 2003, 2004).

Thinking about "the other's" inaccessibility

We should be able to think about what we reject in the other. The analyst's capacity to think enables him or her to consider the *non-existent* as being possible to think about. Rescuing the analyst's capacity for thinking is an achievement that makes transformations possible for his/her patient, since that which does not exist becomes thinkable. It needs the analyst's working through. This is the type of problem I describe; psychoanalytic abstinence as well as neutrality depends on this working through. Abstinence is not a "natural" achievement. We have to work for it again and again.

I will refer briefly to Sartre's essay on Genet as a preamble to an account of my process with a patient.

This essay shows the influence of community on a person. I will point out similarities between my account and Sartre's essay.

Jean Genet or Saint Genet?

"Une volonté si faruche de survivre, un courage si pur, une confiance si folle au sein du désespoir porteront leur fruit: de cette résolution absurde naîtra vingt ans plus tarde le poète Jean Genet" (Sartre, 1952, p. 55).

[Such a fierce will to survive, such pure courage, such crazy confidence in desperation will give its fruits: from that absurd resolution Jean Genet, the poet, will be born twenty years later.]

Sartre, in his essay "Saint Genet, comedian and martyr", gives us keys to understanding the relationship between what a community thinks that *must* be expelled and the monster it creates. Sartre

shows us the way in which Jean Genet stopped being monstrous and became extravagant, outlandish.

According to Sartre, Genet went from monstrous to extravagant, transforming what society rejected by being himself the continent of what had been expelled while transforming it into one of the most original creations of the twentieth century.

Sartre thinks Genet is a genius and his genius is not a legacy of God, it is not due to his genes, but it is a way out created by Genet in a particular moment of desperation when he considered the dialectic of freedom operating in certain material conditions. When Sartre speaks about desperation, he does it in the sense that this term has for Kierkegaard, in the *Treaty of the Desperation* (1720), when he relates this feeling to the way one positions oneself in what concerns death. The destiny of those who are different does not usually result in a *history of liberation*, as Sartre says Jean Genet achieved.

Jean Genet, bastard, vagabond, pederast, thief, outlaw, dramatist, poet, was born in Paris in 1910. He was left by his mother when he was born. He was "illegitimate", and he never knew his father. He was adopted by a family of peasants in the Morvan (a region in the Bourgogne which was traditionally poor and characterized by its women because many of them, by the end of the nineteenth century and beginning of the twentieth, migrated to Paris to work as wet-nurses; the Morvan was also the place where the authorities of the orphanages found homes for the orphans where a family provided food and board and was compensated for it, but these were substitute families and did not adopt the orphans) who, after having seen him stealing their belongings, sent him to a reformatory in Metray. He was ten years old. He spent several years there, and then escaped and joined the Foreign Legion. He soon deserted the Legion, and roamed through Europe as a vagabond and thief, spending time in jail in various countries. While he was in jail in 1942, he wrote his first book, *Notre-Dame des fleurs*. He wrote novels, plays, and poems in the five following years. In 1948, after serving ten sentences in France because of robbery, he was released from a sentence of life in prison by a pardon granted by the President of the Republic, the socialist Vincent Auriol, who had received requests from a large number of writers and artists, among them Cocteau, Picasso, and Sartre.

Sartre had a personal relationship with Genet and a close knowledge of all of Genet's writings. He undertook the challenge of attempting to understand Genet's biography.

Sartre seems to have been fascinated by Genet's biography, and this fascination transpires in his writings. He explores his own fascination and uses it as a way of getting to know and understand Genet.

According to Sartre, Genet lived "a sweet confusion in the world" during his early childhood in the Morvan. He was a gentle, good-natured boy, who was initially in a "state of innocence", but, as Sartre says, Genet could not go on in this "childish innocence" because he felt he was false, without an authentic mother. He had no heritage.

When Genet was a child, he felt that his mere existence disturbed the social order. A woman had given him birth and he was included in the registries. This fact had not guaranteed his incorporation to the culture and, consequently, he had no social standing. His ancestry was not preserved in the collective memory.

When searching his origins, he developed a personal theory. His fantasy or his phantom, according to our theoretical frame, was that his mother abandoned and expelled him. These fantasies/phantoms made him feel unloved, unworthy of being loved. Sartre thinks that Genet felt undesirable; he did not feel as if he were his mother's son, but her excrement, something filthy. He did not consider himself part of the human order. He lived in institutions that required dependency on bureaucracy: reformatories, the Foreign Legion, jail. Sartre says that there was a bureaucracy between him and the human race; he was not bathed with rites to humanize him; there was no ceremony to accredit his identity.

Sartre suggests that Genet was "defective", not only in the order of *being*, but also in *having*. Genet knew that he did not belong completely to his adoptive parents and he could be taken away by institutional order. He could not own property.

Genet had two solitary games when he was a child: one game was being a saint (Sartre thinks it was to balance his insufficiency in the order of being), and the other one was to be a thief (to balance his inability to *have*).

Genet chose God as witness for his inner life. God replaced the mother he had not had. He was not able to become a son, therefore he became a saint. He was a solitary man.

His other game was to steal from his adoptive parents and their neighbours. Sartre thinks he did it because of trying to reach the imaginary experience of "appropriation", and says that an owner is the one who has and uses his possessions without having to give thanks for them. Sartre goes on, saying that, having neither inheritance nor the right to be born, his first thefts were blind attempts to establish a relation of possession; stealing was an epiphenomenon of his insufficiency to *have*.

Sartre proposes that Genet, before his "crisis", was a child who replaced the absence of his mother with the idea of God. Stealing balanced his limitations to *have*. His robberies and his reveries of being a saint were not against peasant morality; Genet had been educated in values that justified and sanctified property and he built an identity from his condemnation by that morality.

Sartre tells us what he means when he says "the original crisis". He does not conceive that crisis as a precise moment, but as the way in which Genet experienced himself in ways he assumed that he was experienced by others during his childhood. It is not important for Sartre whether the *original crisis* described by Genet was real or imaginary.

Sartre refers to the "original crisis" in the same way as a psychoanalyst describes "screen memory". When Genet was ten years old, while he was playing in the kitchen, he felt distressed and lonely and fell into a static state (*absenté*); his hand then *went* into an open drawer, but he felt that somebody was watching him. Feeling he was being watched, he became aware of what he was doing and he was no longer in a static state (*absenté*); he was conscious again.

The news spread all over the village and then they had the proper answer to "Who is Jean Genet?": "he is a thief". Sartre suggests it was at that very moment that an identity was given to Genet.

Sartre's reasoning is very interesting. He assumes that before the "original crisis" Genet thought that "thief" was a way of being monstrous while not being aware of it; the social affirmation that he was a thief revealed and made his essence known to him; it became objective

I will refer briefly to Sartre's way of thinking so as to understand the way in which he describes the identity the social group gave Jean Genet. Sartre thinks that for *good people*, kindness is equivalent to being, to what it already is, and evil is what raises questions

about being, about not being, about *otherness*, therefore, *the evil man* is a necessary invention of the *good man*; he is an incarnation of *otherness*, what he is not, his own negative moment. (When Sartre says *otherness*, he means something inlaid in oneself that is different from what one is. *Otherness* is, from this perspective, a feeling that one has about oneself.) Evil is a projection (Genet, 1952, pp. 33 ff.); a *good man* perpetually denies the negative moment of his actions; a good man is allowed to maintain, conserve, restore, and renew: all are categories of repetition that oppose change.

The good person worries about change, and being worried is something that horrifies him/her. These people need a Genet to deny their own negative moments. They need to deny change. They do not conceive change as being inherent in their being or in their world.

Sartre thinks "honest people" penetrated Genet's heart deeply, leaving remnants of *otherness* that became inlaid in Genet.

He looked for refuge in his inner world so as not to feel condemned by people, but, due to *otherness*, he found even worse a condemnation in his inner world.

All his desires became a thief's desires; he was a monster no matter what he did, and therefore self-acceptance was forbidden. Sartre thinks that Genet tried to look like what he believed "honest people" thought about him, and sacrificed his feelings of intuitive certainty about himself.

Sartre devotes himself to following the steps of Genet's self-alienation; he examines different possibilities that Genet could have chosen for his life. He believes that if "honest people" had been asked, they would have told him, *be abject*, but this was not a solution: he already felt abject and wanted to escape from that way of being; being mad was an alternative. Sartre adds that Genet could not choose that way of abdication, he could not choose psychosis, at least in the way Sartre understood psychosis. He could have committed suicide, but Genet's optimism excluded that option, which, according to Sartre, in itself names the direction of his freedom ("*Par là j'entends designer l'orientation même de su liberté*" Genet, 1952, p. 30). Sartre compares Genet with those who, when facing extreme situations are aware of how absurd the world is and give up. Genet, however, clung to life, he had the irrational belief that "he will arrive somewhere else". Poetry was that exit, but it was hard to get to that exit.

Sartre admires how Genet galvanized his will in an age in which most children are trying to satisfy their parents. "*Une volonté si farouche de survivre, un courage si pur, une confiance si folle au sein du désespoir porteront leur fruit: de cette résolution absurde naîtra vingt ans plus tarde le poète Jean Genet*" [Such a fierce will to survive, such a pure courage, such crazy confidence while in desperation, will give its fruits: from that absurd resolution Jean Genet, the poet, will be born twenty years later]. Genet describes this first and extreme choice like something he was thrown into: I have decided to be what crime has made me be ("*J'ai décidé d'être ce que le crime a fait de moi*") (*ibid.*, p. 55). Not being able to prevent what fate held for him, he made it his own. It was not "the other" who constructed a non-viable place for him, he would live in that impossible place with the conviction that he had created it; it was the fate he desired for himself.

Cooper (1969), commenting on Sartre's essay, says,

Sartre makes an effort to emphasize that Genet's original crisis can only be understood when it is placed in the framework of the village community of the Morvan, in its narrow and rigid system of prohibitions, its high degree of cohesion, and the absolute value given to private property. It is in that background that it is possible to understand the reaction to scandal and the spread of repressive sanctions against the ten year old thief. [p. 63]

Sartre thinks that this could not have happened had he lived in an industrialized area, in which "the absolute value given to private property" would probably be questioned: there he would have learnt that *one* also is what *one produces and does*.

Sartre examines carefully the dialectic interaction between city and country, between the *society of producers* and the *society of consumers*, and shows the way in which Genet's sexuality and creative work were instituted.

Sartre describes Genet's first decision: being what crime had led him to be. That is the *objective moment*—as Sartre calls it—and its assumption represents the *subjective moment* of consciousness.

There is an impossible contradiction between being pure subject and being pure object: *What can I decide to be if I am already what I am, if I am locked up in my being?*

Genet was safe from madness and suicide by means of what Sartre calls the "heroic act of cheating": trying to find an agreement in the impossible contradiction between pure subjectivity and pure objectivity.

Sartre understands Genet's sexuality in an interesting way. He conceives Genet as a *boy who had been raped*. The first rape was the gaze of the *other* in the "original crisis", this gaze surprised and penetrated him, it transformed him into an object for ever after. When Genet stole, he was surprised by somebody behind him; the back of his body was of central importance for Genet's sexuality; his back waited for the catastrophic gaze of the other; he experienced himself being objectified by his buttocks and his back. His desire was to be passively manipulated by the *other* in order to become an object.

In his novel *Notre Dame Des Fleurs*, the central character is a man who has been prostituted, a man who feels as if he were a woman and calls himself Divine.

Sartre thinks that Genet's homosexuality was the exit he created in a critical moment, as he experienced a feeling of asphyxia. The first loving memory Genet had was the desire to *be* a young handsome man like one he happened to see. He did not want to *have sex* with that young man.

Sartre also suggests that Genet reacted to condemnation with a radical ethical reversal: he was the monster.

Being loved was Genet's impossible project. "Good people" placed in Genet what they rejected in themselves and that was the *otherness* Genet incarnated.

Cooper tells us in his essay (1969, p. 74):

Genet could have lived the rest of his life like most of us, with his fantasies buried within himself manifesting in an indirect way, like symptoms not accessible to his reflective conscience . . . This transformation of fantasy (prereflective) into imaginative conscience (reflective) constitutes the central problem. He could have become a psychotic victim of his fantasies, but instead he dominated them by means of his imagination, his rituals and by becoming a writer.

*From animal paradise to the ambiguous
world of human beings*

Entiendo que, a gentes como usted, un paisaje aliñado con vacas paciando entre olorosas yerbas o cabritas olisqueando algarrobos, les alborozan el corazón y hace experimentar el éxtasis del jovenzuelo que por primera vez contempla una mujer desnuda . . . Yo confieso paladinamente que para mí, los animales tienen un interés comestible, decorativo y acaso deportivo. Aunque respeto, a la distancia, a quienes le asignan funcionalidad erótica, a mí, personalmente, no me seduce la idea de copular con una gallina, una pata, una mona, una yegua o cualquier variante animal con orificios, y albergo la enervante sospecha de que quienes se gratifican con esas gimnasias son, en el tuétano—no lo tome usted como algo personal—ecologistas en estado salvaje . . . [Vargas Llosa, 1997]

[I understand that, to people like you, a landscape dotted with cows grazing in scented grass or small goats sniffing carob trees overjoys their heart and makes them experience the ecstasy of a young man who contemplates a naked woman for the first time . . . I clearly confess that for me, animals have an edible, decorative and perhaps sportive interest. Although I respect, at the distance, those who assign erotic functionality to them, I am not personally seduced by the idea of copulating with a hen, a duck, a monkey, a mare or any variant of animal with orifices, and I harbour the enervating suspicion that those who feel gratified by such gymnastics are, in their marrow—do not think it is anything personal—ecologists in wild state . . .]

Juan and Maria phoned me and asked for an appointment; they were overcome with despair because of what was happening to José, their eldest son.

I suggested that they should come to my office. When they came, they told me with much difficulty and a combination of horror and shame that Julio, their second son, had found some videos in which José had filmed himself having sex with different animals, dogs, horses, ewes, etc.

Juan and Maria looked like conventional people. Of Slavic ancestry, they believed their ancestors were part of central Europe's aristocracy. Juan's family belonged to the aristocracy of his parents' country of origin. They professed some variant of orthodox Christianity.

The parents were much worried and did not know what to do. They could not admit what was happening.

Juan and Maria alternated between thinking that it had been a nightmare, that they were going to wake up from a bad dream, and at other times trying to understand why something so awful, which they could not even think about, was happening.

It was not easy for me not to go on feeling astonished and—I must admit—also fascinated by what these parents were telling me. I felt that curiosity was an obstacle I had while I was listening to them, since it made me feel as if I were watching somebody at a zoo trying to scrutinize a possible track so as to understand. It was not easy for me to be out of that position. Curiosity returned to me, and I asked myself what José was like. Thinking about his habits, he might look as if he were beyond human. Was there any secret these parents wanted to hide with the patina of members of the good bourgeoisie? I noticed that I tried to find clinical or theoretical hangers within myself so as to address what they were consulting me about. I had to accept that it was something I really did not know about. I could not remember any psychoanalytic record of a case of bestiality, except for Freud's taxonomical considerations in *Three Essays on the Theory of Sexuality* (1905d).

In a perhaps unconscious attempt to find references, feelings, ideas, and images arose in me. I remembered scenes of the film *Padre padrone* (directed by Paolo Taviani and Vittorio Taviani, and starring Omero Antonutti and Saverio Marconi). One of the characters, an illiterate peasant, a very primitive man of the Sardinian countryside, had sex with a ewe. I found myself reviewing my clinical experience and concluded I had only seen a patient who said he had had sex with animals—which, as is known, we name bestiality—when I was a psychiatry resident. This way of naming it is not only related to a noun, it is also a reference to bestial as a pejorative adjective. This patient had been hospitalized; I remembered he was a very much deteriorated schizophrenic. I realized, when I was examining my thoughts, that I had an unconscious prejudice about José; I thought that José was surely somebody very primitive or downright crazy.

This was not the only vertex from where my ideas arose; I also remembered, not only from my psychoanalytic practice, but from literary and cinematographic narrative (*Dangerous Liaisons* (directed

by Stephen Frears and starring Glenn Close, John Malkovich, and Michelle Pfeifer); *Belle de Jour* (1966, directed by Luis Buñel and starring Catherine Deneuve, Jean Sorel, and Iska Kahn); *The Silence of the Lambs* (1991, directed by Jonathan Demme and starring Jodie Foster, Anthony Hopkins, Scott Glenn, and Ted Levine); etc.) how very severe perversions coexist with absolutely conventional lives and appearances. As an example of this, I remembered a very outstanding psychiatrist who seduced children, and also a man, a very good writer, who raped and mistreated his daughters.

Theory says that the coexistence of two ways of being, tributary of the coexistence of two ways of thinking which have different logics with no contradiction between them, is something to be expected in perversions. Although stories about sexual habits with animals may sometimes be funny, as in *Los cuadernos de Don Rigoberto*, when it happened to José I thought it was something different, being more in the outside of the human world than other perversions. I had not supposed, I had not imagined, that this duality I had learnt in texts and I had observed in my psychoanalytic practice could happen to José. I realized that it was prejudice, I could not describe it in a way other than a countertransference obstacle, which was—to use a neologism—a preformed countertransference.

I told myself that it was not a good departure point; I was not thinking like an open-minded psychoanalyst.

Juan and Maria, the parents, told me at the end of the interview that José had no desire to come. They knew he was upset by what the family had found out about his sexual habits.

José had four younger brothers.

I thought it was not appropriate to prescribe individual psychoanalysis under these conditions. I remembered Freud's "Psycho-genesis of a case of homosexuality in a woman" (1920a), which he characterized as an analysis which he had been asked to perform. It led him to failure. We cannot predict that it will always be like that, but I supposed that if I prescribed analysis for José, it might turn out to be the same as with Freud's analysis of the homosexual woman.

I had often tried to imagine what might have happened if Freud had prescribed psychoanalysis including the entire family (Moguilansky & Vorchheimer, 2003).

I told myself that it was only a utopia, to choose between prescribing family or individual analysis based on general criteria. I did not have any possibility of predicting which would be better. I went on repeating to myself that our instrument is inadequate for either predictions or generalizations. It is a rule almost universally shared that our method is singular for each patient and that the vicissitudes of the transferences are mysterious. With all these uncertainties, and even as a way of testing them, I had to indicate what I preferred.

I asked the whole family to come. They told me that Julio would not be willing to come and that they did not want their other children to know what was going on. I accepted their limitations.

Juan, Maria, and José came next time. I then told them I wanted to know what the family was like, and although they accepted my proposal, it was quite clear they *were bringing José so that I could tell them what I thought about him. That is what I told them.*

After this interpretation, what, until that moment, had been an interview of a family with a designated patient turned into an interview of a family. This interpretation was also directed at myself *in as much as I realized I was scrutinizing José. I was curious about what this boy, who had such different preferences, was like.* He looked like anybody else belonging to our culture.

José had the face of a “good boy”, a grown-up adolescent. He was twenty-one years old, well-mannered, neatly dressed; even more conventional than usual for his age.

They told me he went to university and that he was a very good student. He also worked in a very sophisticated laboratory where they paid him very well.

Juan, his father, displayed pompous, arrogant gestures, trying to show he was a “distinguished gentleman”.

Maria, his mother, had a lower profile, although I was soon aware that she was the one who organized the family, despite Juan’s pompous speech.

I came to know that Juan had not had a stable job for years and that the family depended on Maria’s income. Maria was a prestigious architect.

Juan and Maria had a very bad relationship. I realized that during the interviews. They used to quarrel to an extent that bordered on creating scandal. It was Juan who caused it: he was very jealous.

I did not know whether or not Maria had a lover, but Juan's thoughts always derived from jealousy.

I imagined that all the family acted according to Juan's crazy ideas, trying not to irritate him. They concealed their uneasiness about Juan's jealousy, his strict order, his imaginary noble ancestry, his belief that society owed him something due to his lineage. I had the impression that neither Maria nor José shared Juan's delusions of grandeur. Maria tried to hide his jealousy as well as their bad relationship.

Everybody in the family would say he was paranoid. They did not find the words to say it: I had the feeling they thought Juan was crazy. They behaved towards him in the way people behave towards a paranoid.

The subject of José's sexual habits was always present, but there was obvious difficulty in mentioning it. Maria once told José they could not go on avoiding it. José began to speak and told them about his feelings. He said animals were attractive to him. He spoke with some reluctance.

Juan asked him for precise details, and José, not feeling at ease, confessed that he had had sexual relations with Norma, among others.

I did not know what or whom he was speaking about, although I perceived that his parents were greatly astonished.

Juan desperately exclaimed, "How could you do that!" José answered as if this had been a question instead of Juan's way of expressing horror. He replied as if Juan had asked him "How did you manage to do it?" and not, "How could you do that!" José answered literally about the mechanics of having sex with Norma and said, "I stood on a stool." They told me immediately afterwards that Norma was a mare they had in a small farm belonging to the family. Maria, bursting into tears, exclaimed that she would prefer José to be homosexual. It was impossible for her to admit what he had done. José remained silent.

This vignette made me think that, although understanding a question in a literal sense might indicate psychotic thinking, this was not what was happening to José. He did not have any thinking disorders (at least, that I was aware of); he was not hallucinating.

If he had a literal way of understanding, it meant that José had not perceived how horrified his parents were and his way

of answering would show a symbolic deficit in his thinking process.

I was surprised by the funny effect that José's answer had on me. He had spoken in a literal sense, and perhaps that caused the humorous reaction I kept concealed from the group. I immediately wondered whether it was a literal sense or a way of ridiculing his father's horror.

The "climate" in the previous interviews and in those that followed became stifling. I noticed José was distressed and it was torture for his parents to be with him. They also tortured him, imploring him not to feel attracted by animals. Some sessions later, José asked me if he could have sessions of his own. His parents wanted the same, since it was hard for them to listen to what he said.

I realized I had to find a new way to think about what was happening: obstacles emerging in each setting have to be faced in the setting itself. I had to stop my own rules, as there was too much suffering and they could not hold it. I considered it was not helpful to continue with the family interviews.

On the one hand, I noticed that José's parents wanted to get rid of him; they wanted to segregate him so that their other children would not be "infected". This would make me think that I had to go on with the family sessions, but, on the other hand, José demanded a more private place and this was very important for me: he wanted to speak on his own about what was happening to him. I then accepted the proposal and we began with José's individual sessions.

I did not think it proper to tell him to lie down on the couch. I thought he would feel more at ease sitting opposite me; José needed to see me.

Although José had asked me to see him without his parents, he was obsessed with the suspicion that I wanted to change his way of feeling. He thought I was in agreement with his parents' plan to convince him not to go on with his sexual habits; nevertheless, he began to relax, and, after a little time, he told me that the last years had been very hard because he could not speak with anybody about what he was feeling.

He did not feel his desire to have sex with animals was something he wanted to change. He perceived that it caused enormous social rejection.

He did not exactly know when it had begun. Being attracted to animals was a very genuine feeling he had, and he did not want to change it. This emphasis was a clue that perhaps he was intending to vindicate himself. I remembered Aulagnier (1967) saying to us that a perverse person

is the one who speaks reasonably, sometimes brilliantly, about the unreasonable desire. He justifies his perversion in the name of an extra-pleasure which he tries to authenticate by extra-knowing the truth of sensual pleasure. That knowledge is the decoy that takes his reasoning to a trap; it is his own madness, but it also keeps always threatening to get us involved in the trap of fascination.

I had to admit fascination was not only the result of a trap set by José. I had to admit my own fascination, as Sartre admitted his about Genet. Jose was not the only one to blame.

When I discussed the case with a colleague, he called my attention to the either funny or horrifying effect it had. Our culture has a strong rejection of, and also feels fascinated by, sexuality which moves away from what culture defines as "normal" patterns (that is what Aulagnier says in the quotation given above).

José got in touch—through the Internet—with people who also had sex with animals, and that was a relief for him.

Some time later, he told me he had gone on holiday to a farm in a foreign country. People in that farm lived in community with animals, and they had his same sexual habits. He was eager to go back, since it was like paradise for him.

José avoided connecting with human beings, except for his Internet buddies. He assumed he could get rid of the hypocrisy and distortions of the truth in the refuge he had created with animals, showing perhaps a feeling of superiority in his sexual practices in relation to those practices which culture recognizes as "normal".

I did not notice a proselytizing eagerness in him. He did not question what other people wanted to do, he only wanted people not to invade his life and tell him what to do; besides, his social behaviour was adequate. He was much respected in his work, he did not have any close relationships, and he was hermetic, not sociable.

As time went by, José had the feeling that I was not judging his sexual practices. This change, I think, was probably due to a change

in myself. Listening to him, not in a critical way, was deep work I myself had to undergo. I was flooded with prejudice and feelings in a range that went from horror to fun.

I often asked myself if I could really listen freely to what he said. It no longer had the tragi-comic effect it had had at the beginning. I remembered the time he answered, horrifying his father, that he had stood on a stool to have sex with a mare. It had been difficult for me not to laugh at this grotesque picture.

I began to feel intense pain for him; he was somebody who was feeling lonely but this was a feeling he did not have when he was accompanied by the animals.

Something that drew my attention was José's interest in convincing me that he was not violent with the animals when he had sex with them. He told me that he felt he had their consent. He also told me about a sort of tender Eden he had created in which he coexisted with animals. Having sexual relations with them was that Eden.

As time went on he was more confident and closer to me. He could then tell me that while he had been on the farm he had developed a very deep, loving relationship with a boy who lived there. He frequently missed that boy, but he never tried to get in touch with him again. I was surprised, and told him it was more difficult for him to tell me about this "human relationship", which he longed for, than speaking about his paradisiac sexual preferences for animals.

By that time he began to talk about the relationship with his family. He also began speaking to his brother Julio, whom he had not spoken to since he found the videos.

José referred to people with whom he connected through the Internet. He exchanged ideas with those people; he could share thoughts with human beings when he found other people who had the same sexual preferences as his.

He started to notice that the relationship with me was important for him. He was not only fulfilling formalities such as arriving at the right time and paying my fees, but he also felt curious about what I thought about him, and not in the way he had initially considered when he believed that I was his parents' agent wanting to humanize him. He tried to find out whether I remembered him or not when we weren't together.

I thought I was moving to a similar place as the one the boy at the farm had. I supposed he had an intense secret relationship with me, but it was not something he would like to talk about. I also began thinking his relationship with animals perhaps enabled further connection with human beings. He had a secret relationship with me outside the session and its unfolding within the session hinted at homosexuality.

I confirmed my intuition that his relationship with animals was a refuge from human hypocrisy and simultaneously an entry to relationship with human beings. He told me that he had begun to chat with Gretta, a girl he had known through a site on the Web for people interested in sexual relations with animals. He told me this relationship was becoming important for him, although he sometimes despised it. He had the feeling that the bond between Gretta and himself was the bond two shipwrecked people would have.

Some months later, Gretta, who lived in a foreign country, decided to move to Buenos Aires after a quarrel with her family. José left his parents' home and moved in with her. The stories he told in his sessions about his relationship with Gretta were pathetic. They really resembled shipwrecked people. I could think—paraphrasing Jorge Luis Borges—*no los unía el amor sino el espanto*—they were bonded not by love, but fear (1960).

I had the impression they were two pariahs who could only exchange their feelings of marginality. These feelings of marginality made them either cling possessively or mistreat each other; they virtually felt like two little animals that alternated between an urgent need due to the intense state of neglect in which they lived, and the unusual violence it aroused. Later on, listening to what Jose said about his relationship with Gretta, I evoked the couple in the film directed by Leos Carax (1991) *Les Amants Du Pont-Neuf* (starring Juliette Binoche, Denis Lavant, and Edith Scob).

The analysis of my countertransference made me believe that he was much more in touch with me. José felt grateful; he thought I had helped him to change but he feared I might have manipulated him. Although I thought this was due to José's homosexual fears, I became apprehensive about whether I had put pressure on him to change: was I being respectful of the abstinence rule? I once wondered if I was like a Jesuit in South America evangelizing "savages" instead of being a psychoanalyst. I replied to myself that

I had in no way convinced him of the advantages of a world with human interactions instead of his animal paradise. These discussions I had with myself made me think I was on the track of something very important. His parents were very happy with José's changes, and this awoke ambivalent feelings in him.

José spoke during his sessions about everyday life with Gretta. His stories about animals disappeared. Let us remember that José had met her through a website for people interested in sexual relations with animals. He told me he hoped she would be a companion who would not only understand his sexual preferences, but also somebody he would share those preferences with. This did not happen. They did not have sex with animals together; nevertheless he went on speaking about Gretta. He did not speak in an affectionate way, but it was a human relationship anyway.

I realized that I was keeping calm and it worried me; once again I was afraid of influencing him against "bestiality". Later, I supposed that José's feelings about his preferences towards animals had perhaps a similar place to that which pederasty and robbery had in Genet's life. It was as if losing them could mean a collapse in "being". The analytic situation made me think I was incarnating somebody similar to the peasants in the Morvan. Perhaps I was also a scared bourgeois when dealing with something that was outside the canonized "common sense".

Some months later, José decided to go with Gretta to her country. He said there were better economic conditions there, but I had the impression that this was not the only reason. José wanted to live somewhere away from his parents, especially his father. He went there, and during a visit to our country, he called me. He and Gretta had split up and he wanted to go back to her country and live by himself there. He did not feel the urge to have a human partner, although he thought that perhaps he might eventually have one.

Perversion and the role of "the other"

In an exhibition . . . I expressed my conviction that Sade would have objected to Freudian discourse if he had known it; he could not have forgiven having no longer the right to consider himself a sinner while being infinitely a sinner because that was his yearning . . . [Aulagnier, 1967]

I must answer a question I believe the reader would ask before beginning my commentary in this last section: why is my writing about José's case and Sartre's biographical essay on Genet in the same chapter?

I find the answer in the parallel I believe was established between the social group—the peasant community in the Morvan—and the feelings I had similar to those of the peasants when I analysed José.

The peasant community in the Morvan disavowed feelings and attitudes, finding in Genet "a continent", "a container", "a space for waste", as Käes says (1989), somewhere to place what had been disavowed.

The idea that representations in the ego can be inlaid by the social background redefines those postulations that suppose subjectivity is only determined or mainly determined by the inner world.

If we accept Sartre's explanation about "otherness", which refers to something undesirable to other people that has been inlaid in the ego, we have to reconsider the determinations which constitute an individual and also the determinations for analytical listening. This point of view changes the habitual psychoanalytic criterion that says that what the patient tells us, referring to the outer world, must be considered resistance, in as much as it prevents him/her from getting in touch with the inner conflict.

When understanding the subjective makeup of the individual, we have to consider that it is affected by the groups to which the individual belongs: family, partner, other people in his social world. This idea was widely developed by Aulagnier (1964) in her early writing, "Observaciones sobre la estructura psicótica", where she said, "Everyone gets a place in a familiar myth . . . has a name based on that place to which his subjectivity is chained" (p. 284).

So, what I am suggesting is *that subjective makeup depends not only on the inner world, but also on the meanings given by the social group.*

The feelings I discovered in myself when I was with José—if I had not analysed them—would have condemned him in the same way as the "honest people" of the Morvan did with Genet.

I would like to emphasize the difficulties I had in order to maintain neutrality in the analytic setting.

I have been very interested in transformation processes in perversions, especially in those in which perverse actings might be

worked through and their contents be thought about and turned into dreams. In these transformations from perverse actings into dreams progressive levels of working through and symbolization are involved. I have also been interested in the countertransferential difficulties a psychoanalyst has; it is of critical importance to examine them in the analytic situation to make those transformation processes possible.

The Aulagnier quotation refers to Sade rejecting Freud's ideas. Sade would vindicate a fundamentalist speech and he would not tolerate the enquiring attitude of psychoanalysis that would link his attitude of "being a sinner" with his yearning. If we draw our attention to the quotation from Aulagnier, we have to admit that it might also have a moralistic insinuation, allowing or not a certain way of being. I really do not believe in such a kind of morality being present in her writings, but I have emphasized it because, more often than not, it should be expected: psychoanalysis attaches itself to catechist speeches, or we are immersed in them without realizing it. I want to focus on this type of problem. The analyst should be particularly careful in the working through of his countertransferential obstacles so as to make transformation processes possible.

I am aware that this way of setting up the problem questions what was initially said when analysis was supposed to reflect like a mirror instead of considering the analytical situation a "dynamic field" (Baranger & Baranger, 1961–1962, 1969). I am sure this "dynamic field" tests the analyst's extent of listening. It usually makes him or her hesitate about the ambition of neutrality and the respect for the singularity of the patient's desire. Psychoanalysis needs to get rid of common sense, but common sense is always threatening (Moguillansky, 2007).

When we are immersed in the analytic setting, some of our theoretical axioms become less clear and the ambition for neutrality flickers.

We have to admit that, although we celebrate the literary genius of Comte de Lautréamont (1868) at the end of the nineteenth century when he wrote in the *Chants de Maldoror*: "Es tan bello . . . como el encuentro fortuito de una máquina de coser y un paraguas sobre una mesa de disección" ["It is as beautiful . . . as the chance encounter of a sewing-machine and an umbrella on a dissection

table"], it was not easy for common sense to accept the sexuality it proposed.

Aulagnier (1968), following Montesquieu's "Persian letters" (1755), asks, *Comment peut-on ne pas être persan?* [How can one not be Persian?], referring to the singularity a Persian feels in France, singularity that should guide the analyst when he thinks about a patient, although it is something we do not always remember or are aware of.

We know how difficult it is sometimes to distinguish between the challenge involved in a perverse acting out and the breaking off involved in a creative act. It has not been easy for Duchamp to challenge or to mock bourgeois values. We still do not feel at ease when we see the *fontaine* in a museum, or the *Gioconda* with a moustache and the letters LHOOQ underneath, meaning *Elle a chaud au cul* [She warms up her ass]. Something similar to what one might feel with Duchamp's ready made piece happened to me when I first saw Oldenburg's soft sculpture. I had never before realized sculptures could be constructed with soft materials instead of hard ones. I must say I also felt surprised recently when I read a paragraph in *El procedimiento* by Harry Mulisch (1998). The paragraph says: "Time! The rabbi looks at the clock of the Jewish City Council placed in the corner, in front of the synagogue. Since Hebrew is written from right to left, the hands of the clock turn to the left". I was aware that I had never thought the hands of a clock might turn in a different direction other than the one I was used to, and that they moved according to a convention. A long time ago Laing (1970) warned us about beliefs that become obvious for us. We do not realize they are beliefs and we think about them as if they were obvious (Moguillansky, 2003, 2004)

I want to emphasize that transformation processes are not only important in the patient: Benito López (1979), a well-known Argentine analyst, used to say *the analyst is the one who cures himself in psychoanalysis, the patient's cure is only a consequence*. The analyst has to cure himself from beliefs in reference to what is either *natural* or *normal*, not considering those beliefs as being obvious.

I do not have the impression that I have as solid a hypothesis to understand José as the one Sartre had regarding Genet.

I think theories that explain perversion based on the disavowal of sexual differences (Freud, 1927e, 1940e) are lacking, not mistaken.

The disavowals of sexual differences were important after Lewin's article (1948), in which he assimilated the apprehension of reality to the apprehension of sexual differences. Perversion has also been related to early maternal seduction and father's absence (Bak, 1968): these are some of the best known theories. I can even understand José better if I combine the theories I mentioned with the importance given by Chasseguet-Smirgel (1975) to human prematurity and to *Hilflosigkeit* arising from it. This idea is of capital importance in Freud's writings. Primary defusion leads to the recognition of the object, of the not-ego, and it leads at the same time to the formation of the ideal, from which the ego remains split. The ego tries to heal its wound and recover its completion by its illusory fusion with the primary object. This hope will be transferred to the incestuous desire involved in the return to the maternal body. I thought that the place José found in his relationship with animals was somehow related to what was not human in his own family. My impression was that José looked for a feeling of completion in his animal paradise. He also believed he would reach an authenticity he could not find at home with his family. His family was more interested in disguising his father's psychosis than in bringing up children.

Trying to look for shelter in that Eden, José avoided facing the dangers of being a man in this family and being a victim of his father's jealousy. We must remember his mother wanted him to be homosexual rather than that he should have intercourse with animals.

I also supposed that Julio's discovery of the videos had given José a place in the family which would not be easy for him to leave.

I once found myself wondering whether it was not on purpose that José left the videos on hand, but I did not believe this idea could explain everything. If we assume it as an absolute explanation, it could lead us to understand what happened to José as if it were only related to himself, without considering the place his family gave him.

Let us remember that when Sartre suggests the *original crisis* as a starting point, he does not intend to consider it a precise event only determined by Genet's inner world; Sartre thinks the *original crisis* is a scene in which all that the peasant society discards of itself is inlaid. This leads me to reintroduce what happened to me as José's analyst. It made me think about my preconceived ideas about

the so-called sexual aberrations: the monster my prejudices made me believe I would meet; the fascination and curiosity I felt before knowing him, and how afterwards, in the family interviews, my listening was flooded with humorous feelings and how frequently what he said seemed ridiculous to me. I was also worried to notice the relief I felt when I knew he was beginning a relationship with a girl.

I have the impression that José's evolution was partly determined by an intense working through of my countertransference. I do not conceive my feelings as being originated only by what Jose inlaid in me, I also had to recognize my preconceived ideas, product of my ignorance or limited spirit, at least in what refers to these subjects, which I did not believe I had.

This made me think "the other" not only plays a role in the origin of the individual inlaying undesired feelings and ways of thinking but also in making change possible; change in a patient is conditioned by the analyst's own possibility of change.

I believe José's analysis made me review ideas and ways of feeling that would have remained unavailable to me (Bleger, 1967) if I had not met José in my psychoanalytic practice.

We must realize there is always something inapprehensible in the relationship with the other that we cannot represent. We should assume that our difficulty in representing leads us to conceive it as non-existent.

The non-existent refers to what is not apprehensible, to what is not possible to be represented, and it also refers to what we cannot understand and tend to discard, what we do not share culturally and consider evil while repudiating it. We have to work hard in order to be able to accept this as thinkable, for it is only then that they will exist in the analytic setting.

Final considerations

In this chapter, I have focused on the subjectivity of the analyst. I have stated that the analyst may be caught in a dual relationship in the analytic setting with perverse patients. I suggested that taking part in the direction perverse patients impose upon us opens up the possibility of gaining access to the idiosyncratic world in which

they live, a world which is habitually inaccessible to be experienced. I have warned about the risks of this inclusion.

I will quote Jiménez (2004), quoting Krause's "impossible combination" (1993). He says we are exposed to the uneasiness of our participation in "an impossible combination" in the analysis of perverse patients, an "impossible combination" in which it is difficult to understand "from the perspective of the other" the relationship between voluptuous desire and rage, anguish, or disgust. I have added the feeling of the uncanny that arises from the analyst's personal makeup.

Discussion of Rodolfo Moguillansky's paper, "The analyst's personal mental makeup in psychoanalysis with perverse patients"

Carlos R. Featherston

It is my pleasure to have been asked to discuss this paper by Rodolfo Moguillansky, which is so suggestive and triggers so many questions. As it evokes the perverse features in patients that we have all come upon in our practice, it beckons us to share experiences from other points of view. That is why I can only offer my ideas not so much to the patient, but to the material and the experience it conveys with such power.

I think that the author covers very well the strangeness of the pervert's idiosyncratic sexuality that presents such a challenge to our concordant countertransference. It is hard to identify with parents who discover a "monster" in their child. As Moguillansky elaborates at length the feeling of strangeness this extreme sample of perversion produces in the analyst, it needs little imagination to share the horror of parents that begot such an "uncanny" child. How this is replicated in the analyst is so well examined by the author that I need not expand on it.

I will add that further to the feelings of strangeness and perplexity these extreme kinds of patients can arouse, they are compounded by the ideological aspect, well noted by Etchegoyen. They seek to legitimize a particular sexual organization that psycho-

analytic theory does not. Ideology and proselytism are well known fellow travellers. The analyst may have trouble, when he goes into that world, in discriminating between the perverse fantasy and the implicit ideological recruitment that may underlie it.

So, I will examine a parallel aspect of the perverse patient: the dogged defence he makes of the constructions needed to maintain intact the core of the perverse structure. I also found of interest the author's reference to Austin's work, and will expand on it for the purpose of making some etio-pathogenic assumptions. I will focus on the two unique features in José's case: his response to father's demand for explanation of his behaviour, which I call the "master-stroke", and the use of video recording.

It is current nowadays to speak of "sexualities", in order to avoid the denigratory overtones implicit in the use of the word perversion. As a by-product, those alternative sexual practices become "de-pathologized". However, if there is an activity for which the old word perversion has full validity, José fully justifies it. In the disappointing catalogue of mental diseases prepared by the American Psychiatric Association, bestiality comes at the end of the list, almost as an afterthought, as if forgotten, at the ending of the group of paraphilias, within the *not otherwise specified*, as zoophilia. The leap of eroticism to another animal species indicates that we have here more than the variation of sexuality. Paraphrasing the old saying of classic psychiatry, this is a perversion of whose perverse nature nobody doubts.

It is true that as analysts we suffer greatly from what Aulagnier, with her usual acuity, called the "quest for causality". This José stirs up superbly. He displays the radical solitude of the pervert, *qua* desiring subject. How is the Lacanian formula that desire is to be the desire of the other to be applied here, when the "other" belongs to another species, whose sexuality, as far as we know, is managed by the instinct of reproduction, not by drives as it is with our species. What could be, in José's eyes, the mare Norma's desire? He imagines her consent. Does he "humanize" his objects or "bestialize" himself? Or is it that for him human and animal belong in an erotic continuum? Did he, one day, wake up like Gregor Samsa, if not like a big bug, not completely human either. Does he live, in as much as his erotic life is concerned, in a universe of domesticated animals? (He wisely has not dared to try it with a tigress, or the

feral variety of his fellows in Eden, not known for their submissiveness.) Domesticated animals have a long history shared with humans since the dawn of time, and many people see in them almost human attributes. It is also evident that these animals have incorporated humans to their social order. A pet's death can invoke a deep depression that seems incomprehensible to the not so inclined. José's love goes very far indeed, further than the understandable tenderness that these animals arouse, as if he were a full inhabitant in that world. It is a world in which humans seem to be part of life's furniture, uninteresting, that he can do without, almost an inconvenient encumbrance of reality in his most private self. Most probably, however, he seems to have withdrawn from humans as *desiring subjects*, as if human desires were an overwhelming threat he needs to keep at bay.

Going to the crux of the case I will refer to what I consider José's masterstroke. When, to the father's horrified and anguished question, he answered, "I stood on a stool," we see how with just five words his father's horror gets smashed against the banality of the concrete mechanics of the coupling of organs. At the same time, and no less important, he provokes the amusement and sympathy of the therapist. From the start we see, as we are reminded by the author, of Joseph's idea of how the perverse uses words to eroticize the relationship. It is very easy to join in the hilarity of that moment, as I, and most of the colleagues with whom I commented on the case, did.

There is a model here for the split in the transference that can make this analysis so fraught with frustration. It needs the exquisite fine-tuning of enquiry of which José's father is a caricature, and the sympathy that Moguillansky feels at that moment, without falling into complicity.

José embodies in that masterful sentence the defiance of the father that underlies the perverse transference as defined by Etchegoyen. Not only that, in the pleasure of mocking the father's law, we see the eroticization of the prohibition.

Above all, to a father like Juan, paranoid and jealous, given to massive projections and irrational idealizations to prop up a weak paternal function, but adamant in imposing his world-view to his family. He leaves both parents powerless, and awakens the sympathy of the therapist. Perhaps even his complicity. I see in this an

important factor in the transference of the perverse patient. The perverse nucleus is not only hard to understand through the difficulties that we have in going into an environment so close to the uncanny, so well put by Mogueillansky, but also through the strong defence that the patient makes of that nucleus. We see here two ways of doing it: (1) by ridiculing the object that endorses normative values of the society, as he does with his father, (2) seducing him with humour, as he does with Mogueillansky. Rejection and complicity keeps the perverse nucleus out of reach. I suspect that José's perversion allows him to keep a very idiosyncratic identity that he needs to defend at all costs to avoid a severe depersonalization. It also seems to be treated as an almost artistic creation, jealously protected in its singularity. It is a valuable possession to be warily guarded, in as much as it solves for once and for all the problem of sexual identity.

In some of the perverse patients I have seen in my practice, I find a condition that I think it is clearly exemplified in this clinical case. If you go to what is most particular, most idiosyncratic in each patient, to examine what makes José uniquely him, I would point to his avoidance of humans. A point in question is his videotaping. What object is the camera for which he is performing? And for what sort of object is it substituting? Or even, is it a dissociated aspect of the ego needed to witness and observe that the proceedings go according to the fantastic perverse script?

We may ask whether José also has a voyeuristic or exhibitionistic component in his perverse repertoire. What is the pleasure in performing for the camera? What in watching the taping afterwards? How does he relate, as a viewer, to his having been an actor? The whole show takes place in the absence of human participation: he is the actor, the director, and the audience in his fantastic creation with him in omnipotent control. In this splendid isolation he needs not to be accountable to the object: he is the lord and master of his erotic domain. It is his way of "short-circuiting" a real desiring object.

This can be taken as a model to understand what happens when we have a pervert in our office as he opens his fantasy world to us. A homosexual patient I once had comes to mind. He enacted his sadomasochistic fantasies, such as obliging himself, naked, to eat the food from the floor like a dog, as a build-up for his masochistic

masturbation. His pleasure in recreating the scene in the session was very obvious. The enthusiastic way in which he related the details had the hallmark of sexual arousal, even a sort of existential intensity that his rather bleak life seldom had. He tried to induce me, as if I were José's camera, to register the scene and keep it for myself. Perhaps join him in a secret collusion of enjoyment. Any attempt on my part to understand the fantasy triggered an abusive fury, as if it were a threat to this creative source of intense erotic pleasure, as if "captured by a sensuality" that admitted no intrusion. My analytic desire for causality was systematically thwarted. The perverse patient rejects the use of his fantasy as analytic material. Erotic scenarios are there to be enjoyed, not understood. Such is the nature of desire.

I am not sure how legitimate it is to connect José's pleasure with domestic animals to focusing on the "domestic" aspect of the "other" to qualify as object for a pervert, but I will try. The domestication of the object is important, perhaps key in establishing perverse relationships, not only in sado-masochistic couples. I think this underlies the usual instability of those partnerships. Either partners are hard to come by, or soon get bored and break away. Occasionally, they get out of hand, with serious consequences. The perverse personality needs to exercise a tyrannical control on the partner for the perverse script to be fully played out. The object must submit and conform to being the partial object the pervert needs for the enactment of his fantastic production. This rigidity, to my mind, indicates a strong paranoid component. The "other", as desiring object, is a threat if it does not perfectly engage and fit into the fantasy.

I would suggest that this could be a model of the kind of transference proposed by the perverse patient: he imagines the analyst as a passive voyeur, who could or should enjoy his creation, his *mise-en-scène*, with which he would find a surplus of pleasure in the exhibitionistic aspect of his perversion in the transference. Obviously, this provokes countertransference problems, such as Mogueillansky describes, in as much as we can be recruited or incorporated to the perverse pleasure in the session. This invasion of the mental space of the analyst can be deleterious for the norm "without memory and without desire".

We may wonder if the search for a twin soul in the huge reservoir of "sexual idiosyncrasies" provided by the Internet is not also

a search for a sort of witness or accomplice that vibrates on the same wavelength. It is a sort of parallel enjoyment, with a human video-camera, in an idealized silent symbiosis of pleasure without the irritations of discord in any concrete object relationship. His animal Eden, in which only like-minded zoophilic sympathizers can participate, is his narcissistic realm. It is not clear in the case history what degree of fulfilment the relationship with Gretta may have had. I suspect it was not too intense, but one may ask whether it was an acting-out to supplement the affirming partnership that the analyst cannot provide.

How did this dysfunctional family, with a paranoid megalomaniac and jealous father manage its affairs? Can we imagine him as a Laius at the arrival of his first son? How excluded did he react to the initial symbiosis between mother and son? Did José perceive any synergy between his parents in relation to him, or the opposite? Was it noxious enough to survive only by "leaving the human field", the erotic constellation of his nuclear family, and taking residence in the "eternal Eden" he shared with animals.

The thread that runs through the narrative is that José is of the paranoid view that human beings are toxic, and, given the family configuration, crazy-making. He has all the gestures and activities of a normal person: he works in an intellectually sophisticated activity, but, as Laing once said when describing the schizoid personality, he is like a spy in enemy territory. José carries his secret identity protected by apparently being a regular fellow. Gregor Samsa woke up one morning, after a disturbing dream, like a big bug, a sort of gigantic cockroach. José's metamorphosis also carried him beyond the human, towards the world of fauna, a strange species in his own family. In that world, however, José searched for the authenticity of instinct, away from the deceptive ambiguity, the "Gioconda's smile" of desiring objects. The temptation of etio-pathogenic fantasies is hard to resist, and harder still to fulfil.

Moguillansky does it by resorting to the work of Jean-Paul Sartre on Jean Genet. It is at this point that I have my first dissent with him that I believe can be called ideological. Although I do not know the piece by Sartre, I am satisfied by the given version. In a few words, Genet was the addressee of the projections of the complex early objects that fate put in his way. With those many projections, and the very few libidinal introjections, he assembled

his identity. It is hard to know how true or not Jean-Paul Sartre's interpretation is, because Genet never made any associations to it. It is, nevertheless, credible. Moguillansky resorts to Sartre to explore "the determinations which constitute an individual". I think closer theories are at hand.

The work by Austin, *How To Do Things With Words*, pointed to a function of language that had been ignored by linguists and grammarians that only focused on whether a locution was true or false. The performative utterance, which interest Austin, like a magistrate who states, "I declare you husband and wife", has an effect in reality. The magistrate has "done" something to those two people; he changed their marital status. Following this line, it is obvious that the mother's speech is archetypically performative and, therefore, it is what determines the constitution of the subject. With this core, we negotiate our relationships with family and social groups. In my view, this foundational template marks the way the later vicissitudes of life will be addressed, and gives shape to the individual.

This is what Laplanche subtly develops in his book, *New Foundations for Psychoanalysis* (1987). His proposal is that the newborn's "hilflosigkeit", his absolute helplessness at birth, a basic idea in Freud's thought, puts the baby in an absolute dependence on the mother, a mother with an unconscious that exercises and modulates the performative feature of language with her child. The consequence is that the biological instinct, for want of a better name, with which we all come into the world, is modelled upon how mother's drives receive the child. Following Laplanche, it is the "enigmatic signifiers" (like the famous Gioconda's smile) that convey the unconscious maternal desires that operate the "primal seduction". We leave the instincts behind and get into the "perverse" world, somehow alienated from biology, that is a characteristic of our drives. It is difficult to do justice in just one paragraph to Laplanche's contribution, but it is enough to offer some hypotheses about José. Anyway, Laplanche, closely following Freud's thought in its essence, offers, in my view, a most believable theory of the constitution of the subject of true psychoanalytic lineage.

It is true that the "perversion" of the drives runs through the whole gamut of human sexual experience, from the foreplay of dutiful citizens to the extremes of sado-masochism. But do these experiences have equal "perverse" weight? What are the boundaries or

markers within that continuum? I would propose that there is an impressionistic scale in the alienation of the erotic from the biological body that, though it cannot be legislated, needs to be acknowledged.

If we go back to what I call José's master-stroke, we can venture how he managed paternal performative utterances such as "How could you do that!" We can assume it was meant to censure, reproach, or shame. According to Austin, this would probably qualify as a variety of "misfire". It is also a technique that Searles explored in "The effort to drive the other person crazy" (1965), a paper that, though somewhat dated, still has some mileage left. In it, we see the many variations of the "double bind" proposed in the 1960s as producing the schizophrenic sort of disturbances, the paradigm of which was the command: "You must be spontaneous". The trick played by José is to reply with a statement of fact that deflates the performative intention.

We do not know how José learnt this gambit, but we can offer some suggestions. One is that mother's enigmatic signifiers worked like "double bind" messages, producing confusion and ambivalence that eroded human identificatory processes. He learnt, however, the trick in the process. Essentially, he makes his father's attempt at a performative utterance misfire. We may assume that the father had little "performative power" compared to a mother we are told was the organizer of the family. He dismisses an emasculated paternal authority with an alacrity and an elegance that surprise the analyst, surprise being an element of humour that brings cheer to all but the target of the joke. I think that these are the parameters set by José to enter the analysis, at least in the area of his perversion. His self in residence with his domestic animals is not to be disturbed, as it is the only way his sexual drives have access to his genitals, when drives and instinct coalesce to achieve somatic expression. The analytic quest for insight and causality must be experienced as threatening aphanisis. Poor José had to build his niche away from a too powerful mother and unprotected by a deficient father, a destiny known to many perverse patients.

There is further value in Austin's contribution, as it can shine light on what we do. When an interpretation "hits the nail on the head", it is precisely that of a performative utterance, which, in this context, can be synonymous with mutative interpretation. As I

cannot put myself in Moguillansky's shoes, I can only draw on memories of my own experience with similar analysands. I cannot forget my frustration (I suspect Moguillansky hints as also being his own) when what I thought was a good interpretation misfired miserably. Performative "moments" have a special intensity, the connection of two beings, the magic of a truth unveiled, of mystery becoming knowledge. This is, in my mind, what the true pervert defends against.

There is so much at stake in the pervert script, so fragile in its rigidity, as he has no choice in his way of desiring, that no alternative erotic fantasies can be developed. The psychoanalytic endeavour is essentially to allow the entry of a foreign mind into the most intimate core of the self, and we all know how difficult this "impossible profession" can be. The paranoid personality is not only dedicated to projection, but to the prevention of ego-dystonic introjections. In this sense, I see the core perverse fantasy needs to be defended in a paranoid style. It establishes a "no-go zone" a kind of "bastion", as described by Baranger, Baranger, and Mom in their paper, "Process and non-process in the analytical situation" (1983). It is split off from the neurotic area of the personality. The necessary shift to "desirative conflicts . . . that can be dreamed" is remarkably difficult, in my experience.

There is a theoretical question that hovers over this paper: the encounter of two minds, their understanding, and, more poignantly, their misunderstanding. The work the analyst needs to do to occupy a similar landscape as the one inhabited by the pervert patient, when it goes against the grain of his beliefs and sensitivities, is fraught with pitfalls. (Needless to say this also applies to other pathologies, like torturers or criminals on the one hand, and foreign cultures on the other.)

Moguillansky's concern is on how the "social meanings that operate and frame our listening in a certain way of feeling and thinking". Especially when we "are confronted in a very particular way with our blind points, prejudices, passions, enigmas, wishes, and deficiencies", in as much as they may be the ideological ground on which our nosography stands.

To introduce the question bluntly, and madly outrageously: what sort of analysis could have ensued had Moguillansky been a zoophilic analyst. Although this should be taken more as a

science-fiction parenthesis than analysis, how would that analyst travel in that landscape? Would he see José's desire for Norma as a point of analytic interest, or take it as normal, as we would with any heterosexual interest in any of our patients? I doubt he would have interest in writing this paper. This is my absurd way of introducing the point of the degrees of affinity and alterity that exists between analyst and analysand in those extremes of experience. No doubt we try our best in that fluid interface.

I believe that, with Moguillansky, we would agree with the idea that the hard scientific core of psychoanalysis is the hypothesis of the unconscious as a field for interpretation. For me, the human phenomenon is incomprehensible without that theory. Therefore, as a science it does not, and cannot, make value judgements. Nevertheless, there is a need to put some order in the multifarious human experience, especially at both ends of the bell curve. That is, we need a nosography. It follows that nosography needs to be normative in order to work. I think that it is here that ideology shows its troubling face.

If we paraphrase the advertisement that favoured eating rice because one billion Chinese cannot be wrong by saying that the heterosexual majority also cannot be wrong, we can approach the issue from a lighter perspective. Heterosexuality has not merited nosographic interest, except sporadically from some highly ideological groups. However, from a psychoanalytic point of view, I do think that the notion of "genital primacy", or its more modern versions, such as procreative sexuality, are based not on social consensus—though this underlies everybody's thinking—but on Freud's theory of the development of the libido.

Moguillansky raises the crucial aspect of how we listen to the discourse of perversion. This is the perilous space we are in when we analyse it, "letting ourselves be included in the patient's story", with the risk of Kurtz in Joseph Conrad's *The Heart of Darkness* (1998), "of going native", that is, being captured in the perverse ideology, while at the same time standing our theoretical ground and maintaining the asymmetry of the analytical encounter. I think that we need to keep our bearings when we venture into the core of the perverse world. Not necessarily guided by our "common sense", which, by the way, will always be there, both as a hindrance and a protective boundary, but by those psychoanalytic

developmental theories. They may not be part of the scientific hard-core, and can therefore be challenged as being ideological, but for the time being provide a valid point of reference. Causality, or psychic determinism, in as much as it has psychoanalytic interest, operates as degrees of deviation from a norm. Without deviation there is no conflict, and without conflict there is no interpretation possible, which is what analysts do.

I am grateful for having been given the opportunity of thinking the thoughts proposed by this fertile paper by Rodolfo Moguillansky, who can convey so vividly his work in the frontiers of analytic work. Delving into the "heart of darkness" of perversion as he does takes analytic courage. Making of that experience a contribution to the understanding of how humans desire is to our benefit.

Development indicators in the psychoanalysis of perversion*

Rodolfo Moguillansky

A general framework for perversions

Psychoanalysis has made a considerable theoretical effort to understand the unconscious roots of perversions, but there are relatively few works on the clinical side.

As is well known, the psychoanalytic method was not originally created to analyse perverse patients, and in spite of the experience gathered on this subject, in the view of many experts, the relevance of psychoanalysis in this regard is still to be demonstrated. The final judgement will depend, in my opinion, on the clinical reports and indicators of change gathered in order to show that our setting provides a suitable tool to approach perversions.

The theoretical understanding of perversions has focused upon ego splitting and the disavowal of castration (Freud, 1927e, 1940e), though some post-Freudian authors give a different explanation about the reasons why perverts disavow castration. Broadly speaking, there are divergences outlining the following points:

*Translated by Beatriz Wolfson.

- (a) the role of pregenitality (Gillespie, 1951; Glover, 1924; Grunberger, 1976; Meltzer, 1973; Payne, 1939; Rosenfeld, 1950);
- (b) the incidence of narcissism (Chasseguet-Smirgel, 1992a; Glasser, 1986; Kohut, 1971; Maldonado, 1993, 1998; Muguillansky, 1999). When studying the role played by narcissism, an important place is attributed to the secret, conspiratorial, and incestuous relationship between the perverse patient and his/her mother (Aulagnier, 1964; Bak, 1968; Chasseguet-Smirgel, 1975);
- (c) the dominant role of separation anxiety (Etchegoyen, 1970, 1977; Ferenczi, 1924; Joseph, 1971; Meltzer, 1973);
- (d) the early eroticization of the ego as a response to an early environmental failure, aiming at self-preservation (Winnicott, 1965). This is also emphasized by McDougall (1972) when approaching perversion as a "neo-sexuality";
- (e) post trauma effects (Khan, 1963; Winnicott, 1965).

We assume that perversion is an entity *per se*, in which some peculiarities in the building of fantasy tend to become perverse expressions of sexuality. I insist on this in spite of the current difficulty in defining the "perverse manifestation of sexuality", especially after the revolution brought about by the discussion on "gender". Moreover, in my view, those peculiarities are distinctive of perversion, and lead us to assume the existence of a perverse mental structure (Aulagnier, 1967; Gillespie, 1956; Lacan, 1958, among others).

The need to admit perverse manifestations of sexuality in order to assert that we are facing a perversion makes the difference to the notion of perversity focusing on sadism and destructiveness (Baranger, 1980). At this point, I borrow Clavreul's words (1963) when he says that "perverse actions" are carried out by libidinally cathected individuals whose relationships with desire and law are thoroughly different from those of neurotics. Thus, if we want to approach the problem of perversion regardless of the particular mode that perverse actions may adopt, we would rather speak of a "perverse structure".

The analysis of the perverse fantasy in which "A child is being beaten" (Freud, 1919e) was the first to explain the role of guilt, moral masochism, and erogenous masochism in the origin of perverse fantasies (Freud, 1924c). However, it only accounted for an

Oedipal fantasy that resulted symptomatically in a masturbatory act accompanied by a perverse fantasy. The disavowal of castration and ego-splitting, however, when describing a psychical function outside repression, clarified the passage to action, masturbatory or otherwise.

Disavowal of castration and ego-splitting paved the way to mark the difference between perversion and neurosis on solid grounds. For example, it made it easier to distinguish *a perverse acting-out* from *a dream*, taking the latter as a paradigm of neurotic functioning (Moguillansky, 1999).

A perverse acting-out is accompanied by unique modes of mental functioning that can be phenomenologically detected in the analytic session, where all our observations must be validated:

- (a) an omnipotent power is exercised on others, with a resulting loss of autonomy and independence;
- (b) pragmatic disturbances in communication (Lieberman, 1971);
- (c) the attack on truth,¹ as emphasized by Meltzer (1973), as well as the role played by confusion, as mentioned in Rosenfeld's by now classic papers (1950, 1987).
- (d) the analyst has difficulty in establishing and maintaining the basic intersubjective agreement upon which all the psychoanalytic relationship is founded (Jiménez, 2004); This author has asserted that the difficulty does not ultimately depend on the analyst's unresolved countertransference, but is a typical and essential trait of the kind of intersubjective relationship established by the perverse patient;
- (e) Meltzer (1968) has emphasized the confusion of identity and erogenous zones. This confusion goes together with an exaltation of pregenital sexuality and a sense of triumph over genitality. He also links this confusion to a terrifying experience;
- (f) When the pervert compares himself/herself with the other, all dissimilarities (mostly, those that derive from sexual differences) are intolerable, this being one of the driving forces of the acting-out. In the process, the feeling of being subjected to an unconscious order is altered and the individual does not feel determined by it;
- (g) covert behaviours are idealized with a pleasure gain that leads to deterioration and loss of the relationship with the object, resulting in the splitting of the ego and the ego ideal;

- (h) the recognition of facts is distorted and the nature of objects is altered (Maldonado, 1998);
- (i) acting in bad faith (M. Baranger, 1969), a need to deceive (W. Baranger, 1980), and a remarkable lack of honesty are also present, and sometimes transvestism, too;
- (j) the lack of respect or mockery of the "law", the proto-model of which is the categorical imperative banning incest. (It is not always easy to delimit this theme in clinical work.)

José's parents consulted me because they had found videotapes in which their son had filmed himself having intercourse with animals. Since José did not want to come on his own, I arranged a series of family sessions in which there was an evident difficulty in approaching the subject of José's (bad) sexual habits, though it floated in the air. One day his mother told him angrily that they were there to talk about it, and José reluctantly began to speak about his feelings towards animals and how attractive he found them. His father asked him to be more specific, and after some beating about the bush, José confessed that, among others, he had had intercourse with N. At first, I did not know what or whom they were talking about, though his parents' astonishment was clear. José's father then exclaimed: "How could you do a thing like that!" José misunderstood his father's horrified statement and took it as a question about the way he had performed the act, and answered—literally—that in order to have intercourse with N, "I stood on a stool." Then they told me that N was a mare they had at the family's farm.

While taking a question in its literal sense instead of the figurative one is a common pathognomonic indicator of psychosis, José did not suffer from any thinking disorder and, as far as I could say, was not hallucinating either. Rather, he had "literalized" his father's horrified statement, and José's answer was an evidence of a symbolic failure in his thinking process. Also, his answer had a humorous effect on me, which I had to hide. So I kept asking myself: was it really a literalization, or a manoeuvre to make his father's horror sound ridiculous? I also reflected on the humorous effect this exchange had on me and how hard I had to struggle to control it at the time.

*Clinical development indicators of perversion
based on three analyses of perverse patients*

This section is based on the analyses of patients Peter, José, and Ciro, described in Moguillansky (1999, 2001a), and in Costantino, Moguillansky, and Seiguer (1991), respectively.

When the acting-out becomes a story

According to my experience, the perverse acting-out comprehends a series of voluptuous sensations that appear at different times and are not interrelated. At the moment of the acting-out, the patient is not really aware of it, at least as regards his/her verbal thinking process. (In his article "Notes for a theory of schizophrenia", Bion (1962b) asserts that verbal thinking is one of the nodes enabling access to symbolic thinking.)

When Peter finished his daily work, especially if he believed that it had been a successful day or week, he used to say to himself: "You have rightfully earned it", as permission to go to the "dark quarters" and drink. Once he was drunk, he wandered around to several brothels, until he finally hired prostitutes, usually two, whom he dressed up in masculine clothes. While he inhaled cocaine, he incited the women to have sexual relations between them without touching him at all. Most often he did not ejaculate, neither was it his aim. When he returned home, once he was alone, he masturbated.

Ciro frequently staged a scene he called "the carnival", which he repeated monotonously, almost without variation, day after day: he positioned himself before the television set and, while looking at pornographic videos which he managed by remote control, he masturbated for hours, avoiding ejaculation. Let us add that the prerequisite for this to happen was to overstimulate himself with alcohol, marijuana, and cocaine.

At the beginning of their analyses, Peter and Ciro had not been able to tell me about these scenes. The reason was not that they wanted to conceal them, but that they had no words to describe them. They happened in a space alien to that in which they usually lived and in which they talked to other people. After a long period

of analysis, they started to narrate what happened in that space which was alien to that of their daily living and thinking.

In the case of Peter, his lack of memories about his stay and acting-out at the brothels also covered the after-hours, when he returned home and insulted his wife. The next day, he had completely forgotten what he had done and even found it impossible to believe what had happened when his wife reproached him for his attitude.

The fact that a patient should accept speaking in the session about his/her acting-out is in itself a turning point in the analysis. These persons found it very hard to describe their experiences—above all, their emotional involvement—in words, and to build a story with them.

In every case, there was a *scene* set up which always had the same features: a kind of theatrical play, a performance mechanistically repeated. The analyses revealed that the contact established with the world was characterized by a multiple sensual excitation that led to a feeling of sensorial saturation. Both patients felt they were the *owners* of the persons surrounding them, as if they were pulling the strings of puppets. In the case of Peter, those persons had to stage a sexually ambiguous scene. (Peter demanded from the whores he hired that they should wear masculine clothes, while he put on feminine ones. He took part in their making up and put on his own makeup as well. He later said that both the clothes and the makeup were rather ambiguous, but that his were always “more feminine” than those of his partners.) Common to both Peter and Ciro was the lack of the joy of living and a period of suspended time, with no thoughts. Phenomenologically, these scenes are very similar to Meltzer’s (1973) description of life in a monastery. He writes, “In the core of an addiction or a perverse relationship the person is never himself or herself: he/she is behind, excited, and confused regarding the world” (p. 155).

The dawn of conflict: embarrassment, incongruity (evidence of a divided self), and the compulsive character of the acting-out

As the analysis progressed and the patients’ narrative of their acting-out became more consistent, they began to feel *embarrassed*.

In recounting their actings-out, both Peter and Ciro increasingly felt an embarrassing conflict, and the *incongruity* between two modes of being and thinking as an evidence of their divided selves.

Peter boasted of being always very cautious, but when he was inside the "dark quarters" he left aside the slightest hint of prudence: though he usually was very moderate in spending, in brothels he wasted money extravagantly. It became clear that the habits, values, and ideals that apparently ruled his life outside the dark quarters were suspended when he was there.

Feelings of shame and of incongruity were not easily acknowledged. (In psychoanalytic clinical work, feeling shame has been described as an indication of castration. López (1979) has accurately distinguished between shame as considered from the conventional viewpoint and that which results from the humiliating affront to narcissism.) Generally, the patients turned violent and took on a defying attitude. However, the possibility of *dreaming* their incongruity was a good indication that they were being able to think about it.

When Ciro's dissociation began to crack, he narrated the following dream:

I was living in the Suez Canal in ancient times, at the beginning of the century. We had an electric appliance but were not able operate it. In the non-Jewish zone of the Suez Canal there were two towns, one of them was Sharm el Sheik and the other was further down. I was with Dolores [the person who had introduced him to the perverse scene he used to stage] and we went from one town to the other in my car, because the electric current was different in them: 220 volts in one and 110 volts in the other. I wasn't able to plug in my appliance.

Ciro is a Jew. After having told me his dream, Ciro realized in associating that there is no Jewish zone at the Suez Canal; the area had only been Jewish during the Six-Day War. We were able to link this with Ciro's omnipotent traits. During his childhood, he had fantasized with the idea of not being a Jew, with being a sheik with many women at his disposal, as he imagined he had when he watched the pornographic films with the remote control. The voltage difference expressed the two modes of functioning, inside and outside the scene, which he was no longer able to keep separate.

Correlatively with their embarrassment and incongruity, Peter and Ciro took notice of the *compulsive* nature of their acting-out. They realized that, once begun, it had to be completed, and no objection could be raised to interrupt it.

Together with the occasional glimpses of embarrassment and the feelings of incongruity, their awareness of the compulsive character of their acting-out was another sign of a splitting that began to show fissures. Their acting-out gradually stopped being alien to their consciousness and their memory. At the same time, their self-sufficient discourse lost its consistency and their illusion to wilfully decide the events of their life collapsed. As a consequence of the narcissistic wound caused when shame gave place to humiliation (López, 1979), their violence increased.

The shock of insight

The splitting usually results in an intense shock in the relationship between the analyst and the patient. Jiménez (2004) already warned us that when the analyst's mind is in contact with the perverse patient's mind, the former ends up trapped in a dual relationship once again. Jiménez writes that while the pervert operates in the same world as the analyst (both talk, share ideas, and work together), the former simultaneously lives in a unique world, a delusional one, a pseudo-reality where the experience of castration does not exist and differences between human beings are not perceived; in short, where there is not that diversity of realities which precisely makes the world we are talking about a human world. That other world—or, rather, pseudo-world—is inaccessible to our fellow beings through their experience, and appears to the analyst's mind as a secret zealously guarded by the perverse patients.

When the splitting takes place, we bear witness to feverish attempts to stitch the wound caused by the perverse patient's insight on his/her double way of being and the double relationship he/she has with the analyst. This attempted solution leads to argumentations in which there is an evident bad faith, as in a deceitful and dishonest discourse. In talking about character pathologies, Madeleine Baranger (1969) taught us that bad faith is an epiphenomenon of omnipotence. According to this author, the ego's

omnipotence preserved through bad faith is a remnant of the bond the patient once had with an idealized object by which he/she was traumatically deceived. Maldonado (1998) alerts us to the fact that in perversions, lies are of a nature other than "lies universally employed . . . also in neuroses". He says that in perversions "there is a search for the pleasure caused by distortion, a pleasure created in such a way as to be ego-syntonic".

Peter used to say that the whores he hired were lucky, because he treated them well and did not stint on money with them.

With this argument, clearly unsustainable for somebody as intelligent and progressive as he was, he attempted to distort the world in order to accommodate it to his "way of seeing things". It was demonstrated when, after having an "insight" into the falseness of the argument, he admitted that it had been made up in bad faith and that it was part of a deceitful and dishonest discourse.

Acting-out and dreams: when life is invaded

In the analysis of perverse patients, a good clinical indicator of change is the appearance of dreams.

When Ciro's first year of analysis was coming to an end, he had a serious accident, after which he reacted in a torpid way. He required surgery, which had subsequent complications. For two months the sessions were erratic, and had to be held at the hospital. Then the number of sessions increased from four to five a week and became more regular, while Ciro's consumption of drugs became more irregular. In the intervals between intakes of cocaine, he started to have dreams.

The fact of dreaming, and having an analyst to tell his dreams to, put Ciro in contact with an emotional experience diametrically opposed to anything he had experienced before: now there was something in his mental life—dreams—whose emergence could not be manipulated by remote control. He was not able either to predict the appearance of those images or to make them retreat, to freeze them or get rid of them, and his response to this was astonishment and shock.

I am suggesting that dreaming goes beyond the reporting of the acting-out, it is an emotional experience that entails the passage from one side of the Freudian *Spaltung* to the other.

In the same line of change, in the analysis, some time after the birth of his son, Peter had a very important dream that I called “the *tiovivo* dream” (in Spanish, *tiovivo* means “carousel”, and also “clever guy”). Before this, he had scarcely mentioned his wife’s pregnancy; he said that it was his wife’s matter of concern only and that he had nothing to do with it. He had neither accompanied her in her visits to her doctor, nor attended the clinic during or after childbirth. However, when the baby came home, he began to speak very frequently about him and to show an unusual amount of interest in him. Some days later, he recounted the following dream:

I was with Max [his child] and D in a “*tiovivo*”, riding the little horses. Max was older than he is now; he was riding a little horse and D was very near him. I was somewhat ahead of them and was worried because I saw that D was speaking to Max.

He immediately told me the following association:

I’m not sure whether I should speak with you about this, but the fact is that we’re having a serious problem at our office. D is a very good person; he is a partner in the group and wants to convince my bosses that a bribe is needed. (The man he alluded to suggested that they should pay a bribe in order to get a contract. At other times, Peter expressed his mistrust of D, whom he thought had invented the bribe story to keep the money himself.)

When I began working in this firm I felt very uncomfortable, because I came to know that there had been bribes, and I told them [his partners] that I refused to give in on this. Besides the ethical considerations, I’m convinced that, though it might bring some relief in the short term, it isn’t a good solution for the firm in the long run. I feel that D might convince my bosses.

The next associations made it clear that in D two figures were condensed: that of the analyst and that of Peter himself when going to the “dark quarters”. The analyst was responsible for having partially broken the splitting and having opened the door to D with his arguments. So, Peter felt the analyst was his ally in going to the dark quarters. The dream fulfilled the desire/threat that the partner, D, would convince Max of the wonderful advantages of the *tiovivo*—the fun inherent in that masturbatory movement, the ups-and-downs of the little horses—and of the way to solve problems more easily through bribery.

Unfolding in transference and countertransference situations

After this dream, the analysis became more dangerous for Peter. Since, in the session, he was giving voice to the scenarios unfolded in the dark quarters, they threatened to capture him and take the lead in his mental life. According to Peter, the analyst was only interested, out of spurious reasons, in the continuity of the analysis and had made an alliance with D "to turn a blind eye". Thus, the analyst was made responsible for Peter's abandonment of his own principles. As a result of Peter's lies, a big distortion unfolded in the transference. In "cross-dressing" the analytic situation, Peter attempted to recover the control of his own self in order to confront his anxiety. Etchegoyen (1977) called this transference mode "perverse transference": through his eroticization of the bond, the patient tries "to pervert the transference bond testing the analyst's ability" (p. 107). Etchegoyen discusses the technical problems raised by the patient's ideology when he/she makes a defensive use of it. From a different theoretical perspective, Rosolato (1966) asserts that in every fetishist perversion there is always an inherent gnostical ideology, and he concludes that perversion is, with regard to Gnosticism, the same as obsessive neurosis with regard to ritualistic religions. The pervert substitutes the law of desire for the father's law. This was made quite clear for me in the way Peter's analysis developed.

In the case of José, he had projected this ideology on me: he was extremely prejudiced against me; he was convinced that I wanted to change his zoophilia, or that I had made a pact or reached an agreement with his parents to persuade him to leave the habit behind. I found a relevant indicator in the countertransference. (Here, I use the term "countertransference" in its classic meaning, as the analyst's blind spots.) José made me think perhaps his belief was based on my own prejudices, through the humorous effect I have already described. With time, all this changed; his behaviour no longer made me laugh, and, as a consequence of the change in my countertransference, I became less curious about his "bizarre" sexual life when compared with the usual standards.

When, as a result of a deep change in what Etchegoyen terms "perverse transference", we were able to analyse more carefully José's preference for animals, we could see that it was a way for José

to support his identity, and that its loss could imply a collapse in his way of being.

The emergence of neurotic conflicts in the material of associations and in the analytic situation

As time went by, Peter began to feel better with himself and to recover memories of his past life. He was astonished when he discovered that these memories had remained intact in himself. My interpretation was that he was surprised at having "more air" than he supposed, and of possessing the resources to protect himself and his child from his "partner", D.

This feeling was alien to his life outside the dark quarters, where he always did only "the right things". The emotional contact he had after that increased *a torturing feeling of conflict*. In one of the sessions of this period he recounted the following.

That night, when I went to bed in the hotel [he had made a trip for working reasons], I kept thinking and thinking whether I'd done the right thing in deleting the whores' telephone numbers from my notebook. Finally, I decided to stay there—it wasn't easy at all—I masturbated and I fell asleep. I'm a bit sleepy now because when I returned home last night my child was determined to show off all his vitality, and the nurse that minds him during the night was absent. Max [his son] was then sleeping beside my wife, and I masturbated hygienically. I wondered whether I was harming Max. He is instilling new ideas in me. I thought that perhaps masturbation wasn't merely a physiological activity, and that to think so was a conservative response, a sort of stock phrase.

Until then, he had always stated that masturbation was just a physiological act; now he was beginning to see it from another angle, and this disturbed him. He remained silent for a while, and then said that he was beginning to believe that instead of playing an altruistic role with prostitutes, as he had always thought he had done, perhaps he made them his slaves. It was probably untrue, he said, that his former wife had freely accepted these kinds of relationships when he proposed them to her. He remembered that the reason why he had left her was that she accepted staging the scene together with him, and that made him feel weighed down and

trapped. One of the reasons for leaving her had been the docility with which she indulged all his whims. He knew perfectly well that his new wife would not accept those propositions.

In the light of what we were seeing in his analysis at that time, we understood this as Peter's attempt to put a limit to D's "hegemonic sermons", one of the aspects of Peter's behaviour that he later ascribed to his "partner".

*The paternal transference is unfolded
within the neurotic conflict*

Peter was analysing the fact that he was starting to acknowledge his partner as an aspect of himself. We understood this as an attempt to limit D's hegemony. Soon after, Peter related this:

I have been having two types of dreams lately: those in which I can escape and those in which I can't. Last night I dreamt I could go through water with a motor scooter that had a kind of shovel below and advanced in a zigzag course. [It should be remarked that the patient used the Spanish word for shovel, "*pala*", here, and that when speaking about his masturbation he used to employ a similar word, "*palla*".]

This was an example of an "escape" dream. His fear of not being able to escape was equivalent to his not finding a masturbatory shortcut to avoid confronting his narcissistic self—which did not want to face his emotional predicament.

He went on to say that before this he had had a "very, very strange dream":

I was in a car and had to go to Bilbao. [While most personal data about Peter have been changed to keep confidentiality, I maintained "Bilbao" because after this dream the term turned out to be very important in understanding Peter's inner world.] I had the feeling that I was leaving my little town behind, I had the impression that the trip was going to take many hours and that we would never arrive, but on the other hand I knew I would find a way of reaching my destination.

He did not have any associations at first; then he told me that he had read in the papers about the opening ceremony of the Guggenheim Museum in Bilbao, and had thought what this building was

going to look like in the middle of the city. He imagined that it was a good mix and that surely both styles could blend harmoniously. He was eager to go to the Museum; indeed, he had planned to go to Bilbao in his next trip to Europe to see the works of his favourite painters, Kandinsky and Klee.

Peter told me this dream two months after his father's death. His father's paintings followed impressionist standards and he had had a great disrespect for abstract painting. Peter had frequently claimed that he had never been able to get his father's attention. In his childhood, Peter had made geometric drawings, full of clear lines, not of blurred edges as those in his father's paintings. Peter's drawings always represented war scenes that his father disliked. Instead, Peter's brother was his father's favourite. Years later, his brother turned into a passive, homosexual boy. When Peter was a teenager, he made a trip to Berlin and saw Kandinsky's works for the first time. He had not liked them very much, and he had the feeling that Kandinsky's works did not have anything special to appeal to him; however, he decided that Kandinsky was going to be his favourite painter from then on, and he had the feeling that he was positively choosing that which his father disliked most.

We were able to see that Peter's predilection for a certain kind of women was a way to cover his secret relationship with men he admired: he feared that his admiration for a man and the wish to be protected by him could throw him into a fate similar to that of his brother. His challenge to his father was related to his intense resentment for not having had his attention and to his feeling of having been betrayed by the appearance of so many little siblings; at the same time, it was a reassurance that he was not falling into passive submission. This belief legitimated his aggressiveness. However, in the dream, an attempt was made to harmonize the new Guggenheim architecture with the classic style of the old city. There was a desire to be reconciled with his father, and even when he was afraid of "not ever arriving there", he had a dawning hope that he "would find a way of reaching his destination".

Transference repetition

The fact that all the above was repeated in the transference was very important, in my view, as an indicator of change.

One day, after the Bilbao dream, Peter said, "Last night I had a technical dream, so there is no point in telling it to you," but finally he, though reluctantly, recounted the following:

The firm I work with was forced to establish small service companies so as to avoid subjection to a trust (cartel), and I was the manager of all those companies, which had become a matter of pride to me. In my dream, I received a report with the information that one of the companies was at risk. Besides, I was negotiating the purchase of a similar company abroad. In order to come to our session today, I had to sign the purchase contract at the airport in Z [the capital of the country] so as to be able to arrive here on time. The sellers were with me; they had changed all the papers and requirements. That is why, before travelling to Z, I had taken the contracts with me, I had examined the sheets of paper and even their thickness, so obsessed was I with fear that in the rush they were going to be changed again.

This dream had a different meaning from that of the motor scooter. The analyst's interpretation was that here the problem was not finding a way to escape, but fear of trusting him too much. Lately, Peter had been striving very hard to keep the treatment going, and the analytic relationship was very different from all others. He never allowed himself to be led into a situation in which he had to expect anything from anybody else.

Besides, the analyst told Peter that he (Peter) felt the analyst was a "cartelized" company, because he was not able to turn to a "rival" company; the kind of relationship they had established was becoming a "monopoly", so that he feared he could somehow be betrayed. Peter replied to this that it could be a "dirty trick" rather than a betrayal. It would be a "dirty trick" if he found out that what he felt as "progress" was soon to fade away. He feared he would not feel well in the long holidays he was going to take.

The emergence of this fear was another indicator of the change that was taking place in the transference. (In his article "Differentiation between psychotic and non-psychotic personalities", Bion (1957) states that one indicator of neurotic functioning is the appearance of the patient's fear about what is going to happen in the weekend interruption. According to Bion, the condition that makes this fear possible is that the patient cares about his/her bond with the analyst.) Evidently, the analyst was beginning to have real

existence for Peter; instead of the dual relationship (Jiménez, 2004) the patient had wanted to establish, a certain asymmetry was appearing in the field. Trusting the analyst indicated an asymmetry that the patient felt as quite threatening.

Final remarks

In this chapter, I have tried to describe the passage from a perverse structure to one functioning with neurotic conflicts in psychoanalytic patients.

The examples shown are from patients who qualified for a diagnosis of perversion: both their ego and their ideals were split; a dismantled mental activity of which they were not aware was evidenced in their acting-out; they were trapped in a kind of sensuality that made them lose their sense of time; their behaviour exhibited an obvious sexual ambiguity. At the same time, they unfolded in their acting-out an omnipotent control that eventually deprived their sexual objects of any sign of vitality.

We have shown the developments that took place in the analytic process and have remarked the following change indicators:

- (a) the acting-out becomes a story;
- (b) the dawn of conflict: embarrassment, incongruity (this is evident both in Ciro's dream of "Sharm el Sheik" and in Peter's dream of the *tiovivo*);
- (c) the emergence of dreams as proof of the presence of a neurotic functioning conflict. (In my view, the dream of the carousel is a symbolic substitute of the acting-out.);
- (d) the awareness of the intruding character of the acting-out (threats to Peter's child in his dream) as evidence of pro-masturbation discourse in the patient;
- (e) the emergence of a feeling of horror before "hegemonic sermons" and of an attempt to confront them;
- (f) a relevant working-through of the transference fantasy it gave rise to. (The patient believed that the analyst, who embodied his "partner", suggested "the turning of a blind eye" to bribes in order to give continuity to the analytic relationship.);
- (g) the changes in the transference—unfolded by the patient—and the changes indicated by the analyst in his countertransference;

- (h) the re-establishment of asymmetry in the analytic situation instead of the dual relationship in which the patient ran the risk of being trapped;
- (i) Peter's analysis of his dream about Bilbao is the proof of a huge leap forward. It entails a different relationship with his inner parents, especially his father. The mental process displays the hope for a kind of harmony between the Guggenheim Museum and the "old" architecture of Bilbao—symbols of himself and his father—while not cancelling the differences. In the "technical dream", a new landmark is reached through the "scooter": the way to "escape" provided by the masturbatory shortcut is beginning to fail.

Note

1. However, it is important to distinguish, for diagnostic purposes, the attack on truth from the "unauthentic perversion" described by Winnicott (1965) when dealing with the false self, and from the mode of functioning of "as if" structures according to Deutsch (1942). It is also necessary to differentiate the attack on truth from mere hypocrisy and from acting in bad faith, though these two elements usually form part of the character complex of perversion.

Discussion of Rodolfo Moguillansky's paper, "Development indicators in the psychoanalysis of perversion"

Gunther Perdigao

In this postmodern era, we are witnessing many theoretical disagreements regarding the underlying dynamics of perversions and how to classify the different clinical manifestations. As Dr Moguillansky points out, a great deal has been published about the theoretical aspects of the problem. However, there is little agreement about the clinical data regarding analytic work with perversions. In his seminal paper, he shows the analytic progression of the transference configurations in the treatment of very disturbed perverse patients.

In order to frame a discussion of Dr Moguillansky's analytic approach, a brief overview of the whole subject of perversion and its controversies will be attempted. Because there is an ambiguous boundary between perversion and normality, the study of perversions has become the latest challenge in psychoanalysis, as analysts try to clarify and understand the diverse clinical pictures that come under the rubric of the concept of perversion. In our present pluralistic theoretical climate, explanations that seemed clear and comprehensive in the past are now more diffuse and, at times, downright contradictory. In the analytic literature, we find studies of the perversions that emphasize certain aspects: for instance,

Glover (1932) and Stoller (1975) focus on domination and hate, Rosenfeld (1971a, 1987) writes about the primary malignancy of a psychotic nucleus and Greenacre (1953, 1973) postulates that the entire body can become a fetish. On the other hand, Kernberg (1986) states explicitly that one cannot speak of a perverse structure or integrate all the pathology included under male perversion within one frame or category. He contends that polymorphous perverse aspects of sexual life, specifically sadistic, masochistic, voyeuristic, exhibitionistic, fetishistic, and homosexual features are crucial components of normal sexual erotism and their absence signals a significant impoverishment of the couple's love life. His classification of perverse structures is based on the dynamics of the internalized object relationships rather than the phenomenological aspects. He proposes seven categories of perverse structures based on the level of severity: (1) normal polymorphous perverse sexuality where full resolution of Oedipally determined sexual conflicts can take place only when polymorphous perverse sexual tendencies are freed in a sexual relationship; (2) organized perversion at the level of neurotic personality organization; (3) polymorphous perverse sexuality as part of borderline organization; (4) borderline personality with a structured perversion; (5) narcissistic pathology with perversion; (6) perversion in the context of malignant narcissism; (7) perversion in psychosis. He makes the point that one cannot apply one formulation that is applicable to these different types of perverse structures. McDougall, trying to find an encompassing definition, states,

One factor which would appear to characterize the pervert is that he has no choice, his sexuality is fundamentally compulsive . . . the erotic expression of the sexual deviant is an essential feature of his psychic stability and much of his life revolves around it. [1972, p. 373]

Dr Muguillansky emphasizes that disavowal (*Verleugnen*) and splitting are the hallmarks of the defensive functions in perversions. However, there are difficulties with this formulation because these defences appear in other situations. Children engage in splitting, bringing to mind Freud's quoting of a ten-year-old boy "I know my father is dead, but when is he coming home for dinner?" (1900a, p. 254). Freud's two patients in his paper on fetishism (1927e) had

lost their father as children, yet not all children who lose a parent in childhood become fetishists. In 1940, Freud stated, "splitting of the ego can apply to other states more like the neuroses and finally to the neuroses themselves (Freud 1940e).

Kohut (1971), elaborating on Glover's (1932) thesis that perversions show an orderly series of differentiations with regard to both aim and completeness of object, proposed that circumscribed disturbances in the narcissistic realm are usually the nuclei of the perversions. Perverse activities are attempts to supply substitutes for the absent narcissistically invested self-object, which, if permanently lost, leads to more severe regressive states. The deficit *per se* does not cause perversion, but perverse activity is one way some individuals express this deficit. Perverse behaviour not only stems the tide of regression, but allows for mastery of painful affects. In addition, Kohut, using the concept of the vertical split, explained the coexistence of perverse behaviour with seemingly realistic ego functioning. Kohut states that developmental forms of narcissism can express themselves in a sexualized manner and perverse behaviour can be correlated with the developmental stages of narcissism. The question arises: why is sexualization chosen rather than more appropriate behaviour or feeling? Kohut feels that the unavailability of archaic objects does not permit neutralization and, therefore, we see a more primitive manifestation of the drive. The split-off area of the psyche is seen by Kohut as analogous to the disavowal described by Freud. He emphasizes that it is essential to heal the split in order to integrate the ego. Kohut speaks of the moment when the patient can tell you of his perverse activities as a turning point in analysis, followed by the patient being able to tolerate the associated affects which go with the perversion. Although Kohut and Muguillansky come from different vantage points, their clinical approach has many similarities.

How can we understand the varied features of perversions or perverse behaviour? When do fantasies and enactments of polymorphous sexuality become pathologic? It is difficult to sidestep the prejudice and ethical implications and to overcome the moralistic, judgemental outlook. Freud (1905d) pointed out the role of disgust in determining what we choose to call perverse, and the need for shame and disgust to constrain the sexual instincts within the boundaries of normality. What in the past might have been

considered perverse has now become more generally accepted, as popular culture bombards us with perverse themes and images. The rapid pace of changes in sexual mores, leading to freer expression of what was previously unspoken and unrevealed, has radically changed the landscape. In the present socio-cultural climate, only the most blatant behaviours are considered pathological. Stoller (1985) has pointed out that pornography invariably has, overtly or covertly, a humiliating event embedded in the script. Pornography, according to him, can be thought of as a borrowed perversion. Resorting to it can be the counterpart of the urge to practise a perversion. Much of the advertising we are exposed to, the words of rock musicians and film scripts, have covert perverse themes in their content.

Among analytic theorists, there has been a heated controversy as to whether perversion forms a discrete nosological entity, in spite of its many phenomenological manifestations. The disagreement centres around whether there is a continuum between perverse fantasies and perverse behaviour or whether perversion requires the enactment of a fantasy, saying that perverse fantasies should be considered in the realm of neuroses. Freud's 1919 paper "A child is being beaten" was based on a study of six neurotic patients. Arlow (1971) feels that the derivative manifestations of the unconscious solutions are protean in nature. They may take the form of character traits, sublimations, dreams, fantasies, masturbation fantasies, symptoms, perversions, and perverse traits. He adds that, in clinical experience, it is often impossible to distinguish perversions and perverse traits from symptomatology, or even normal behaviour. Discussing the relationship between perversion and masturbation, he points out that there are two components to the masturbation complex: the pleasurable physical stimulation and an accompanying fantasy. In the struggle against perverse wishes, each of the two components may undergo independent transformations. The physical activity may be given up, to be replaced by substitute motor activities. The fantasy may be acted out directly, or in some disguised form, as in juvenile delinquency as pointed out by Anna Freud (1949).

Arlow goes on to elaborate that by studying the history of certain character traits, it is possible to observe how they substituted for, or were equivalent of, perverse sexual practices. He called

those traits examples of character perversion in analogy to the genesis of character neurosis. He goes on to describe three types: the unrealistic character, the petty liar, and the petty swindler. Some of these men played damaged games where they would simulate being blind or lame. They reassured themselves that they were not damaged by being able to decide when to end the game. These patients played out voyeuristic, exhibitionistic games in front of the mirror. They would push their genitals back between their thighs to simulate the appearance of the female genitals, and then would release the pressure on their thighs, permitting the male genital to reappear. To be able to end the game at will, whether mirror play or damage play, served not only to reassure against castration anxiety, but also to reaffirm the sense of control and autonomy (Arlow, 1987).

When conceptualizing perversions, it is important to think in terms of higher and lower level types of perversion. At the lower level, the primary goal is no longer to accomplish adequate sexual functioning, but to use sex for more pressing requirements, such as defence rather than sexual gratification. In lower level perversions, there is incomplete self-object differentiation and extensive use of projective identification. The external object is used to satisfy the pervert's needs with little acknowledgement of the other as a separate person, entitled to his own satisfaction and needs. The greater the danger of sadistic destruction or passive surrender, the more distance is required from live human beings, instead of genuine human connectedness through the sexual experience. Separateness and closeness with a needed object must be carefully balanced against each other.

The higher level pervert defends against Oedipal guilt and castration anxiety with domination, control, and omnipotent illusions in order to function sexually. In these individuals, object relations will resemble that of the neurotic.

Pre-Oedipal contributions to perversions

Bak (1953) and Greenacre (1953, 1955) have drawn attention to problems in early identifications in the genesis of fetishism. Greenacre (1953), writing about fetishism, is of the opinion that there is a

disturbance in experiencing boundaries and dimensions of the body and that these disturbances lead to an easier disintegration of the body image, resulting in an increased influence of castration fear.

Bergler (1938), in his paper entitled "Preliminary phases of the masculine beating fantasy", highlights the sadistic aggression against the breast in the pre-Oedipal period.

Freud (1931b) originally used the term pre-Oedipal to describe object relationships that, during the stretch of life prior to the Oedipal situation, are centred around the mother, with both boys and girls. In the transition from pre-Oedipal to Oedipal phase, the boy is forced to change completely his attitude with respect to the original love object, the mother. The initially passive stance with respect to the woman must change into an active one.

Van der Leeuw (1958) draws attention to the mutual relationship between Oedipal and pre-Oedipal conflicts. Both of these organizations possess a defensive significance with respect to each other. For example, during the Oedipus complex, castration anxiety has to be elaborated as an expression of reality of the sex differences, but, on the other hand, castration anxiety can be a defence against earlier primitive feelings of the Oedipal phase. In a similar manner, pre-Oedipal feelings can be used defensively with regard to Oedipal conflicts. Sometimes, actual conflicts are used to ward off deep material, and sometimes deep material is used to ward off more recent layers of the personality. Van der Leeuw (1958) points out that the pre-Oedipal mother is viewed as immensely powerful, the maker of babies, and that there is a wish to be powerful and to identify with her. Often, in young boys, there is the wish to have a baby, leading to intense reactions of hatred and envy towards the mother. The problem is how to accept the impossibility of the wish fulfilment and acceptance of the inability to make a real child, just like the mother, and of not being as powerful and big as the mother.

Eiguer (1999), starting from Winnicott's (1984) book, *Deprivation and Delinquency*, applied to antisocial patients, feels that the future pervert, having experienced maternal deprivation, lives by the belief that sensuality alone will give him what he fails to receive on the level of self-preservation. When mothers have been unable to give their babies an opportunity to fuse at the right time, this results in a feeling that everything has a price and that utility dominates human relationships. Eiguer then raises the question: is perversion

a strategy to mitigate depressive anxiety? He feels that the pathology of loss is one element, but the defences set up do not seem wide enough for all the implications of perverse behaviour.

Primal scene and perversions

Dr Moguillansky's patient, Peter, who engaged two prostitutes to engage in sexual acts while he watched, brings to mind primal scene trauma.

Analysts have disagreed about the impact of the primal scene on perversions. Greenacre (1969, 1973) adhered to the strict meaning: the actual observation of parental intercourse or its consequences, such as birth or miscarriage. In her view, reactions to the primal scene depend very much on the age of the child, the actual nature of the primal scene exposure itself, the circumstances surrounding it, and the reactions of the parents to the child's intrusion. On the other hand, McDougall (1972) has taken a more general view in her discussion of its impact on perversions, and is of the opinion that the term be taken "to connote the child's total store of unconscious knowledge and personal mythology concerning the human sexual relation particularly of the parent".

Glover (1932) called attention to the fact that that the primal scene and its internalized, poorly structured, bisexual representations result in distorted male and female figures, making it difficult to establish firm object- and self-representations. Esman (1973) pointed out that the actions and movements, which are beyond the cognitive and affective grasp of the small child, are the central features of the observed primal scene. One essential feature of the perverse act is the excitement and gratification that come about by the repetition and mastery of the real and fantasied dangers the child experienced in the original traumatic primal scene. Freud (1907) commented that parental secretiveness will draw unnatural attention to that which is being concealed. Freud (1918b) pointed out that the primal scene possesses the elements of intrapsychic danger, including bodily harm, castration, loss of love, abandonment, over-stimulation, and helplessness. Much of the study of the effect on adolescence of the child's observation of parental intercourse has largely focused upon its contribution to the develop-

ment of severe behaviour problems or delinquency (Borowitz, 1971; A. Freud, 1949, Isay, 1975). Isay (1978) stated that primal scene observation and the consequent related early adolescent sexual activity always occurs within an environment that includes other types of over-stimulation.

Superego and perversions

Gillespie (1952, 1956), following Glover's (1932) comments about sadism, highlighted the role of the superego in perversions: the pervert's superego is not simply defective and tolerates perverse enactments, but it participates actively in the perversion, just as in neurosis. He added that there has been a tendency to ignore the superego in perversions, as well as in other psychoanalytic writings beside Freud's. He elaborates by stating that the choice by the ego of the particular piece of infantile sexuality is dictated, to an important extent, by the ego's judgement of what will please, or, at least, pass relatively unchallenged by the parental imagos, eventually internalized, that is, by superego formations. Sperling (1963), writing about fetishism in children, observed that parents often tacitly sanction deviant sexuality and do not welcome outside intervention. She contends that deviant sexual behaviour in children requires concomitant psychoanalytic treatment of the mother. Ostow (1974) differentiates perversion from neurosis in terms of the superego's tolerance of perversion perverse fantasy in contrast to neurosis. Johnson and Szurek (1952) introduced the concept of "superego lacunae", described as a superego defect in circumscribed areas of behaviour. Their thesis was that the individual's superego lacunae correspond to similar unconscious defects of the parent's superego. This defect in the parent's superego is then acted out by the offspring in an ego syntonic manner.

The vicissitudes of the primal scene fantasies lead to a superego of extreme harshness. Its archaic fragmented structure is cathected with poorly neutralized aggression. Because of premature splitting off of the primal scene experience, the involved id and ego functions are not integrated and, therefore, maintain their original harshness. The superego forerunners are split off, remain fixated, and do not undergo further development.

Weinshel (1986), discussing perceptual distortions, states there has never been a consensus about the role of the superego in the testing of reality, either inner or outer. Freud (1930a), discussing the various functions of the superego, speaks of its keeping a watch over the actions and intentions of the ego and judging them in exercising a censorship. Observing encompasses the conflicts about looking and forbidden looking, curiosity, knowing, responsibility, truth, and the process of renunciation and accepting the facts of reality. Stein (1966) stated "the closer to the clinical level the more likely it is that self observation will be treated as a superego function". He adds that self observation plays a ubiquitous role in reality testing, and that the latter would be subject to serious limitations or impairment were there not a constant flow of stimuli from the inner world and were the capacity lacking to perceive and evaluate these inner stimuli. The most important contribution to the formation of the superego comes from the parents and early significant objects. Weinshel (1986) quotes Greenson saying, "Parents who deny create children who lie" but reverses the order to "parents who lie create children who deny".

Dr Moguillansky rightly emphasizes the dishonesty in perversions and how these patients relate to the analyst in bad faith. This type of relatedness bespeaks of superego pathology. Calef and Weinshel (1983), in their paper on "gaslighting", speak of the deliberate attempt on the part of the individual to confuse and deny the other person's perceptions.

Grossman (1996) is of the opinion that in perversions there is a suspension of testing the reality of their perceptions, insisting that "psychic reality" is just as real as tested reality. These patients persistently disavow or distract attention from unwanted perceptions in order to avoid challenging cherished fantasies. The analytic task is to demonstrate how and why the patient is confusing reality with fantasy. He emphasizes the dishonest conscience that allows these patients not to have to differentiate fantasy from reality, but to act as though they are incapable of such differentiation. In the perverse patient, the definitive pathology is not that the individual has a belief in phallic woman as part of psychic reality and that he is incapable of distinguishing fantasy from reality. The pathology is in the licence he grants himself to keep his cherished belief untested. He is troubled by the implications of facing what he

himself would recognize as real if he would let himself do so. The perverse compromise is to disavow the significance of reality, in this case, the perceptions of his own actions and its consequences. Grossman feels that sexual perversions are a special case, an application to the sexual sphere of this way of thinking. The defining characteristic of the perverse way of thinking is that potentially distressing perceptions, although noted, can be treated as if they do not matter.

The consequences for analytic treatment are that the analyst must be watchful, because, in these patients, treatment realities are subject to the same disregard as other painful realities. Disavowal is invariably present, and the analyst must be active in ascertaining what the patient sees as the real state of affairs, because the perverse attitude amounts to an evasion of responsibility of one's own reality.

Eiguer (1999), in his paper on cynicism, highlights that cynicism is one of the components of perversions. For the cynic, nothing is good, unscrupulousness is justified, and there are no ethical constraints. The cynic sets himself up as the founder of a different law; he claims to be the superego: his superego does not impose itself on his ego but "is" the ego, whereas the actual ego is projected narcissistically outwards by inducing sensations and behaviour in the other: for example, guilt and by attacking the other's ideals. Attachments are futile and the ultimate object is to avoid separation anxiety. Cynicism serves the pervert as an alibi, maintaining a split between antagonistic and untenable truths.

The perverse transference, with its cynical component, has a number of different facets: attempts at destabilization by attacks on thought, changing analytic goals, and an ideological struggle. Eiguer raises an interesting question: is it possible to be a pervert without sexual symptoms? He answers in the affirmative, saying that the loss of scruples and the wish to dominate create a fundamentally corrupt relationship.

Glasser (1986), discussing the nature of the pervert's relationship to his superego, feels that there is a constant, unending sado-masochistic struggle with his superego, because he believes that compliance with the requirements of the superego and being in harmony with it would result in a total annihilation of the self. To counter ego-superego demands is an act of survival for the pervert. In his view, perversions are disorders of identification because of

the persistence of annihilation anxieties. The pervert experiences as annihilatory the incorporation of the object representation into his self-representation because, to him, it is felt as something invasive and possessive. Glasser (1986) proposes the concept of the core complex, which is a dynamic organization, a normal phase through which the infant has to pass. The first component of this core complex is the infant's longing for complete satiety and security achieved through fusion with the mother, a state which is expressed by the adult as a longing for union or merging. However, this wish for fusion carries with it complete possession by the mother and, thus, total annihilation. To escape this danger, the individual reacts by narcissistic withdrawal. That solution is not workable either, because it results in feelings of deprivation and abandonment. These anxieties, and the pain of deprivation, lead to a renewed wish for union with the object and, as result, a vicious circle is created. Since the mother is viewed as annihilatory, she provokes aggression in the infant, which is aimed at destroying her. The infant is then confronted with an irreconcilable conflict of opposites, because the mother is the only object that can satisfy all the infant's needs. The pervert's solution to this dilemma is to convert aggression to sadism, which changes the intention to destroy into a wish to hurt and control. The result is that the relationship is preserved, albeit on sado-masochistic terms. With this relationship, the object is engaged in an intense way, but intimacy and union are not present because the object and the self are kept at a safe distance from each other. Arlow (1986), in his discussion of Glasser's paper, asserts that he is not convinced that there is a universal wish for fusion and merging. He disagrees with Glasser's view that identification is a danger in itself, since identification carries with it the threat of engulfment and annihilation. To him, contrary to Glasser, identifications are not foisted on the individual and are not passively experienced. Arlow states that identifications come into being in response to certain intrapsychic requirements in the context of conflicts. They can have many functions, such as instinctual gratification, defence against internal or external danger, and superego demands. Only in the case of identification with the aggressor can we speak of identifications being foisted on the individual. Arlow considers perversions to be a phase-specific problem relating primarily to the conflicts arising during the

Oedipal phase. He adds that the role of the father in the individual's experience seems to have shrunk in significance. To him, in present day psychoanalysis, "the oedipal father is danger of being engulfed by the pre-oedipal mother". He adds that perversions represent the acting out of phallic masturbation fantasies originating in the individual's reaction to specific events in his early life.

Bestiality

Dr Moguillansky's description of his adolescent patient raises several issues. Man stands alone among mammals in coupling with different species. According to Meredith, quoted by Traub-Werner (1986), Greek mythology has several references to bestiality. The Canaanites worshipped the god Baal, who, according to the myth, made his penis enormous by constant copulations with heifers and other animals. Cultural residues are still found in remote areas where bestiality is still practised. In rural Morocco, Muslims encourage their adolescent sons to have intercourse with donkeys, which is preferred to masturbation (Edwards & Masters, 1963). It would seem that bestiality occurs more in cultures where women are held in low esteem and denigrated. Kinsey and colleagues (1948) reported that 40–65% of males in certain isolated areas of the western USA had a history of sexual contact with animals.

The patient José was probably influenced by the farmhands working at his father's farm. In addition, the boy's concrete thinking certainly would raise questions about his relationship with his mother. Balint (1956), in his book on perversions, stated that in his limited experience, bestiality never reaches the height of proper perversion, but always seems to come about for want of something better, "*faute de mieux*". He stated "As I see it, these people temporarily make use of the fact that animals are in their care by resorting to them as an outlet". In that, he agreed with Havelock Ellis's opinion. It seems surprising to an analyst that more careful psychodynamic studies of this kind of behaviour were not undertaken to explain what compels an individual to engage in such behaviour.

Psychoanalytic treatment of perversions

As can be seen from the summary of analytic thinking on perversions, there is a good deal of disagreement regarding aetiology, pathology, and treatment of perversions.

One of hallmarks of Dr Moguillansky's approach is his open-mindedness to the clinical material and his refusal to fit the patient into a procrustean bed of an *a priori* view regarding perversions. His description of his analytic work with perversions allows us to observe carefully the progression from a perversion to a neurotic structure. Particularly helpful is the outline of the clinical indicators of the evolution of the analytic treatment.

It will be useful, for the purpose of discussion, to elaborate on each of the steps outlined by Dr Moguillansky. Both patients Peter and Ciro were initially unable to give an account of their perverse activities because they did not have words to describe and reflect on their actions. The challenge facing the analyst with these two patients was how to convert non-symbolic mental functioning (Lecours, 2007) into symbolic mental functioning. In these patients, the transformation of drive contents has not been adequately accomplished and the symbolic level of elaboration has not been attained. Dramatic interpersonal trauma can interfere with the adequate transformation of affects that usually occur in the psyche's self-organizing tendency when growing in a nurturing interpersonal milieu. The expression of poorly elaborated contents accounts for the repetitive actualization of internal object relationships. The lack of symbolization is the principal agent of the compulsion to repeat actions (Busch, 1989). This phenomenon has also been described as unmentalized experiences (Mitrani, 1995). She defines it as elemental sense data, internal or external, which have failed to be transformed into symbols (organized mental representations) or into signal affects, but which are perceived instead as concrete objects in the psyche. These experiences, which have not been kept in the mind, cannot be repressed. They remain isolated as if in quarantine, where they remain immutable. Bouchard and Lecours (2004) defined mentalization as akin to dream work, consisting of a process of transformation that connects bodily excitations with endopsychic representations. Mentalization is the manner through which play, like dreams, symptoms, and fantasies,

become disguised representations of our infantile sexual wishes. The discussions of mentalization or lack of it have generally centred on severely ill patients. The non-symbolic quality of thinking at the beginning of the analyses of Dr Mogueillansky's patients with perversions can be seen as unmentalized material. What he accomplished in this first phase of analytic work was to access these sequestered parts of Peter and Ciro's minds and help them find words to describe their activities. In order to help the patient find words to connect with actions, the analyst has to allow himself to be used as a new object of mental elaboration. He patient identifies with the analysing function of the analyst and learns to observe wishes and associated affects and feelings that were originally not available for understanding.

In the next step of the analytic treatment, the patients began to feel an awkwardness and shame regarding their activities, as they noticed the lack of congruity between their manner of thinking and being. Aspects of self were no longer sequestered/split off, causing conflict. Lynd (1958) describes four basic elements in the shame experience: (1) exposure to others (and to oneself) and unexpectedness, the astonishment of the recognition of hitherto unrecognized aspects of one oneself and one's relation to the outside; (2) incongruity, the discrepancy between one's immediate experience and what appears to the individual and others from the "outside"; (3) shaken trust in oneself; (4) confusion, resulting from the loss of the sense of identity that the individual thought he had. We can observe every one of these steps in Dr Mogueillansky's description in the analyses of Peter and Ciro as they gradually became aware of aspects of themselves which had been previously disavowed.

The next step ushers in a desperate attempt to undo the growing awareness of having "two lives". At this point, one sees evidence of the functioning of the corrupt superego when the patient deals with the analyst in bad faith and tries to deceive him. These patients are repeating in the analysis behaviour they were subject to as children, the superego being the precipitate of the parental introjects. They become the perpetrators of lies rather than the victims. They have turned into active something that was originally passively experienced.

Following these desperate attempts to recapture the *status quo ante*, coupled with the incorruptibility of the analyst, the patient

begins to present symbolic material by dreaming. Again, it must be emphasized that the analyst's unwillingness to collude with the patient's corrupt superego brings about this change in the analysis.

The patient continues his attacks on the analyst, imputing bad faith motives to him, insisting that his motives are just as corrupt as the patient's. This narcissistic transference, where patient and analyst are seen as sharing the same corrupt superego, is extremely stressful and can bring on strong countertransference responses. The threat to the patient's *Weltanschauung* in acknowledging that there was indeed a difference between him and the analyst provoked the most intense attacks on the ethics and integrity of the analyst. It is to Dr Moguillansky's credit that he held firm and was able to restrain himself from participating in an enactment.

As the attacks on the analyst fail and do not drive him away, the patient begins to develop greater trust and neurotic conflicts appear in the analysis. Again, we see a steady progression towards more symbolic material as the unmentalized material recedes as a result of the patient's identifications with the analyst. All the previous attempts to discredit and corrupt the analyst have failed, and hitherto unacknowledged tormenting conflicts come to the surface.

This phase signals a major advance in the patient Peter's analysis. Discussing the differences in artistic taste between him and his father ushers in negative Oedipal conflicts. The patient's fear of passivity, reinforced by his brother's overt homosexuality, brings out fears in the transference that he will be betrayed and abandoned by the analyst, who devotes attention to the patient's analytic siblings. The patient distrusts the analyst's investment in him and imputes a corrupt mind-set on the analyst's part. Again, in the transference, as a result of Dr Moguillansky's analytic dedication, the patient is seeking a compromise formation between his wish to be close and identify with the analyst and fear of a passive surrender to the analyst. What is unusual is the absence of material about the mother, particularly in regard to the appearance on the scene of his many siblings. This fact raises the question of if there was an original closeness with the father, who might have mothered the patient, and the subsequent loss of that closeness. Certainly, for a long time in the analysis, Dr Moguillansky's empathic stance, his reliability, and his earnest attempts to understand and unravel the patient's material allowed the patient to experience his

disavowed dependency needs. Bird (1972), in a very cogent statement wrote,

For many a patient, the analyst in the analytic situation is in fact the most stable, reasonable, wise and understanding person he has ever met, and the setting in which they meet may actually be the most honest, open, direct and regular relationship he has ever experienced. Added to this is the considerable helpfulness to him of being able to clarify his life story, confess his guilt, express his ambitions and explore his confusions. Further help comes from the learning about life accruing from the analyst's skilled questions, observations and interpretations. [p. 284]

One should add that for the patient to have someone who totally pays attention to him/her several times a week provides a powerful narcissistic gratification.

To arrive at the point in the analysis where the patient's negative Oedipal conflicts are brought into the transference, a great deal of pre-Oedipal material was dealt with in an unacknowledged mother transference which allowed the patient to repair early deficits and catalyse his growth.

In this last period in the analysis, the patient is afraid. He is beginning to trust the analyst, but, at the same time, he still has worries that he will be betrayed by the analyst, who, in the patient's opinion, might be threatened by the patient's success. He fears that his confidence might be taken away by the analyst, and that the analyst would do something dirty to the patient to show him that his success was only a mirage and it could easily disappear. Here, the pre-Oedipal distrust still colours the confident feelings, and there is recognition that the analyst might have feelings of his own. The question that hangs in the air is: can he still trust the analyst if the patient is successful, or will it be taken away? The patient no longer has to act out in masturbatory acts his conflicts, which, thanks to the analysis, now have achieved mental representation.

Final considerations

In this chapter, we have witnessed the analysis of very difficult patients who, in the past, would have been considered unanalys-

able. Dr Moguillansky's step-by-step presentation of the analytic material allows us to follow the progression and zigzags of these very difficult analyses. He is always mindful of the patient's attempt to corrupt and subvert the analytic process, and consistently refuses to collude with the patient. Calef and Weinshel (1980) in their paper, "The analyst as the conscience of the analysis", emphasize this point, and state that it is the process of analysis that becomes internalized, rather than simply an identification with the analyst. Patient H, after long and tortuous steps, no longer has to resort to acting out his conflicts, but has become able to dream and reflect on his behaviour. Dr Moguillansky should be congratulated for having the forbearance and tenacity to weather the immense difficulties inherent in these analyses.

EPILOGUE

Our contribution: how perversion appears in the intersubjective field of the analytic relationship

Juan Pablo Jiménez and Rodolfo Moguillansky

Introduction

Ever since Freud's essay on Leonardo da Vinci and his article on fetishism, psychoanalysis has covered much ground in its understanding of perversion. A vast and original psychoanalytic literature is at our disposal to help us decipher it in its unconscious roots.

In this epilogue, we want to point out the central ideas of our contribution, that is, how perversion appears in the intersubjective field of the analytic relationship.

The analytic situation is not a "social situation-zero"

Our contribution focuses on a specific point. In order to develop it, we start from the idea that there is enough consensus to think that the analytic situation is not a "social situation-zero". The analyst does not only reflect like a mirror, he or she is part of a "dynamic field". The analyst's personality, his life story, his personal equation, his countertransference, his personal theory, his belonging to a

school, his cosmo-vision and his latent anthropology, etc., are intrinsic constituents of the analytic situation.

*The analytic situation with perverse patients,
explored as an intersubjective reality*

We propose that “perversion” should require a conceptual and clinical redefinition, a clinical redefinition that implies the application of phenomenology as an exploratory method to the analytic situation as an intersubjective reality

*How does perversion “appear” in the intersubjective
field of the analytic relationship?*

We believe that an important aspect in our psychoanalytic practice with perverse patients has not been sufficiently explored yet, and that is, how perversion *appears* in the intersubjective field of the analytic relationship.

The perspective we are putting forward includes both the way in which the perverse patient affects performatively the analyst’s mind, and the way in which the analyst contributes to this intersubjective reality with his own countertransferential difficulties.

In this context we are using “countertransference” in the classic sense of the word, as the analyst’s blind spots.

Intersubjective reality

We define intersubjective reality as the region of our reality—personal or psychic—which we assume is shared by our fellow beings. This intersubjective reality limits our shared world, which is expressed and structured by language, in a way, the most real of all. It is the human and socialized reality of our family life, of our work, the world of our everyday and more immediate experience, interacting constantly and dialectically with our emotions and fantasies, with our dreams and our most unconscious thoughts. In accordance with this definition of intersubjective reality—as a shared reality—what we call psychic reality has an idiosyncratic aspect not com-

municable—properly internal—and another, communicable aspect, which is external, since it is accessible to the psychic reality of our fellow beings. Assigning sense, interpreting, consists, therefore, in circumscribing and discriminating between the idiosyncratic, intimate fantasy and the fantasy that can be shared.

The analytic situation creates a new social reality: a field of intersubjective agreement in which there is a tacit acknowledgement: patient and analyst belong to the “same world”

We consider that the analytic situation creates a new social reality, a field of intersubjective agreement in which we tacitly acknowledge the fact that both patient and analyst belong to the “same world”.

There is, then, an intersubjective field where each one of the participants is defined by the other. This communion is expressed in the idea of the “same world”, to which also belongs the material nature of existence, appropriate in its essential reference to the human being, to “our world”.

The analytic situation determines the symmetrical pole in the intersubjective field

This belonging to the world, “our world”, determines the symmetrical pole in the intersubjective field.

The intersubjective agreement has also a functional pole, asymmetrical, defined by the respective roles of analyst and patient. The polarity symmetry–asymmetry is dynamic and changes according to the conscious and unconscious vicissitudes of both participants.

Our contribution: in this book we wish to contribute to the clarification of the way in which perversion shows itself in the intersubjective field, in the psychoanalysis of perverse patients

The analyst should have an insight of this intersubjective psychic reality, and we stress the importance of this fact for the progress of psychoanalysis.

This is particularly important—and we emphasize it—in the working-out which should exist in the analyst in respect of the countertransferential obstacles that he finds while the transformation in the field of the analytic situation is in progress.

In the different chapters, we have examined:

- how perversion becomes a part of the psychic reality in the mind of the analyst;
- the difficulties that arise in the psychoanalytic treatment of these patients, precisely in the attempt to apply a technique centred on the insight and on the systematic interpretation of the transference;
- the countertransferential difficulties of the analyst in the analysis of perverse patients;
- change indicators in the field of the analytic situation.

How perversion becomes a part of the psychic reality in the mind of the analyst

Perversion tests the extent of the analyst's listening as well as the respect for the singularity of the patient's desire and casts doubts on the aspiration to neutrality.

For the analyst, immersed in the field of the analytic situation, some theoretical axioms become less clear, and he runs the risk of missing the basic asymmetry of the analytic agreement.

One of the risks is that, in psychoanalysis with perverse patients, the interpersonal situation might be structured by symmetrical unconscious bonds in which analyst and patient enter an unnoticed complicity against the analytic process.

The progress of the analytic process depends on the functionality of its asymmetrical aspects, because, given that the interpretation of similitudes (symmetries) makes it easier to establish and develop transferences, the interpretation of differences (asymmetries) makes it possible to resolve the transferences, and, consequently, to cure.

The perverse collusion is a paradigm of the situation of unconscious complicity against the analytic work. In the analysis of a perverse patient, it is structured in such a way that the process

advances precisely through the removal of the bastions: *at the beginning, the perverse collusion is unavoidable.*

The perverse structure has been characterized since Freud by the splitting of the ego, the denial or the disavowal of castration, as well as by the denial or the disavowal of reality, especially relating to the differences of sex and those between generations.

We understand that these metapsychological remarks are, in theory, the translation of that which, in the analyst's mind, appears immediately and from experience as a peculiar difficulty in establishing and maintaining the basic intersubjective agreement which supports the psychoanalytic relation. This difficulty does not ultimately depend on countertransference problems not resolved by the analyst (even though they might exist), but it constitutes the characteristic and essential sign of the kind of intersubjective relations established by the perverse patient.

We will deal with these difficulties later, but now we want to point out how the analyst, in his attempt to make mind contact with the perverse patient, ends up again and again trapped in a dual relationship: on the one hand, the perverse patient exists in the same world as the analyst: both talk with one another, they share, they work together. On the other hand, and at the same time, the perverse patient seems to live in an idiosyncratic universe, in a pseudo-reality, in an illusory world where there are neither experiences of castration, nor of differences between human beings, where, in conclusion, there are no diverse realities which make our world human. This other world, rather a pseudo-world, seems inaccessible, from the point of view of experience, to a fellow being, and it appears in the analyst's mind as the secret zealously kept by the perverse patient. The empathy becomes real through "taking the other's place". In this exercise of identification and of differentiation, we imagine, together with our patients, everyday situations in which we see the world "through their eyes". The same happens in the case of our perverse patients, until we realize, much to our surprise, that, in the face of a specific situation, the patient does not have the same perspective as we do: precisely, he does not share this "piece of world" with us.

It is usual that perversion should make itself known "in the air", "through tones and nuances", so to speak. It does not enter the intersubjective field directly; it remains "pending", as a foreign

body, in the analyst's subjectivity. Even though the analyst might know from the beginning the characteristics of the acts or the perverse fantasies of the patient, he will not be able to anticipate how they "tinge" the feeling of the relationship. Once the perverse atmosphere is sufficiently identified, the analytic work will consist of approaching the perverse nucleus from its periphery, from the vast and vital original experiences that are shared by analyst and patient. The persistence of the perverse bastion goes outside the limits of what the terms of primitive defence mechanisms can describe, because this persistence advances in the direction of the surreptitious transgression of the rules of logic that constitute the framework of our everyday relationship, both internal and external. It seems more truthful to say that the pervert shows us a reality where there is not one. The deceit rests precisely there.

Starting from a bilogic in the intersubjectivity, it can be said that when the analyst expects an asymmetrical judgement, it is surprisingly disclosed—*ex post factum*—that the patient has carried out a symmetrical judgement. That is to say, that where there should have been a difference, it turns out, *a posteriori*, that the pervert has implied (i.e., categorically supposing that he is sharing the analyst's judgement) that there has been an equality.

Perversion appears in the mind of the analyst as a transgression, both sudden and surreptitious, of the basic agreement that structures the intersubjective meeting, reaching the point of altering the rules of Aristotelian logic. In contact with the psychic reality of the perverse, a world is framed in the mind of the analyst, the atmosphere of which is deceptively tinged with an eroticization that sooner or later becomes violent.

The perverse nucleus remains, as a false reality, dangling in the air like an experience, inaccessible to the empathy of the analyst. The only way to reach it is from its periphery, indirectly, attempting to redirect it to its intersubjective roots.

If we consider the phenomenology of the perverse bond, as it appears in the analytic relation, the analyst is ready to empathize with his patient. Precisely, in this process we start from the assumption that we share the same world with him. The surprise we are describing arises when we run into one of these "impossible combinations" that prevent us from understanding, "from the place of the

other", the relationship between voluptuous desire and fury, anguish, or disgust, as the case may be.

At that moment, the emotional attunement is broken, like an illusion of comprehension that disappears abruptly to make way for that which is alien and incomprehensible: the empathy and the identification of the analyst with the perverse nucleus of his patient is an "impossible combination". Such impossible combinations, which pervert the basic levels of the "natural" relationship with our body, that is, with ourselves and with the others, are, in fact, "impossible symmetries".

The impossible combinations between affects, urges, and terminal actions are used by the patients in order to protect and preserve their identity.

*Transferential dilemmas in the application of a
technique centred on the insight and on the
systematic interpretation of transference*

The psychoanalysis of Matías, whose first three years of treatment we have unfolded in detail, is a good example of what we have called "a fundamental dilemma of psychoanalytic technique". Starting from ideas presented by Ferenczi in his *Clinical Diary* (1988) and the late Rosenfeld (1987), we show how a technique centred on transferential interpretation had a traumatic effect on Matías, a twenty-nine-year old patient who first consulted us, afflicted by an intense social phobia which was concealing a transvestite fetishism that went back a long way. With no intention of extending the technical changes to all perverse patients, this case, with a low structural personality level, shows the difficulties entailed when applying a classical technique to patients with serious problems of symbolization, and proposes several ways out of the transferential traps.

The problem arose from the very beginning, when the analyst was confronted with a great technical difficulty owing to the over-intense interpretative activity displayed by Matías during the sessions. There were frequent misunderstandings; the analyst had to be constantly on the alert, watching out for the communicative distortions. No matter what he did, whether he spoke or remained

silent, no matter what he would interpret, Matías reinterpreted the interpretation, as well as any movement, any noise, or even silence, ascribing to them intentions that, in most cases, the analyst failed to find. So, the analyst realized that the impossibility of interpreting was due to the fact that every time he attempted to correct any of his perceptions, Matías would again attribute a second meaning to the explanation, thus its clarifying value was lost, and so on, *ad infinitum*. Soon after, it was clear that Matías was trapped in massive and contradictory maternal and paternal transferences. No matter what the analyst said, the patient reinterpreted it in the same way as he interacted with his mother. His relationship with her was experienced from a state of intense fusion. The only way to defend a differentiated sense of himself was to reverse the situation, that is, to “perceive” hidden intentions in the meanings that she permanently ascribed to everything he said or did. So, Matías experienced the interpretative technique as an exact reproduction of his mother’s activity, a mother who “read” his thoughts. The analyst’s first reaction was to remain silent and interpret less.

However, when he remained silent, the analyst took the place of the schizoid father, who was silent every time he was annoyed. That was a dilemma for the analyst: if he offered transferential interpretations, he enacted the maternal transference; if he remained silent, he enacted the paternal one. These difficulties, which, because of their importance, threatened the treatment with an impasse or an interruption, forced the analyst to change his strategy and approach, intuitively, to a technique which, years later, Fonagy, in his discussion of this material, put down as a technique centred on mentalization. According to Fonagy, this technique is a compound of a traditional analytic technique, very moderate and careful, with a considerable amount of support. The contributions tend to centre on experience; addressing Matías’s relatively conscious and preconscious mental states, they are centred on the moment the patient is living, avoiding complex reconstructions or Strachey’s recommendations (1934) with regard to mutative interpretations. Rather, the process is given priority over the contents, promoting a train of thought closely watching mental states and emotional contexts, thus encouraging the ability of the patient to mentalize in his relationship with the analyst and in the rest of his life. At the same time, this approach to the mind of the patient illustrates what

we have called a way to approach the perverse nucleus “from its periphery”, and all the time attempting not to lose the intersubjective contact: that is, to be able to keep the shared experience of a reality common to both, analyst and patient.

*Countertransferential difficulties of the analyst
in the analysis of perverse patients*

We also discussed the other end of this intersubjective reality in the analysis of perverse patients: the analyst’s countertransferential difficulties. We explored how the analyst’s mind functions and the part it plays in the analytic process with perverse patients.

In the analytic listening with perverse patients, we have to deal not only with what is determined by the intersubjective relations that the perverse patient establishes with his analyst, but also with the difficulties dependent on countertransferential problems unresolved on the part of the analyst. The enquiry into those lines implies the exploration of the impossibility for the analyst to strictly observe the rules of abstinence in the psychoanalysis of perversion.

In the psychoanalysis of perverse patients we are confronted, in a peculiar way, with our blind spots, prejudices, passions, enigmas, desires, and needs, with the “personal equation of the analyst”. When we analyse perverse patients, as a result of what we generate in ourselves, in our psychic reality, we bring about effects in the analytic space and we participate in an unwanted way in our interactions with the patients. The “personal equation of the analyst” makes us listen to what the perverse patient says, in as much as we are moulded by social significances that operate and frame our listening—with a certain way of feeling and thinking. In particular, we find ourselves moved by “sexual modes strange to our habitual rules”. These rules tend to create a fascinating atmosphere.

We propose that it is important, at the beginning, in spite of an eventual rejection, that the analyst should let himself be carried away by the “fascination” usually produced by the perverse patient, since it is the way through which the acting-out starts to exist in the session, to take shape in the analytic field and in the analyst’s mind. The fact of tolerating the fascination of the “visual-story line” so that it should take shape conveys the risk for the

analyst of missing the “loose attention” precisely because of the capture of the “visual listening”. The analyst is bound to feel the danger that these patients might take possession of him through the fascinating visual narrative. As a result of the visual narrative, his ideas seem to dangle in the air, and he feels immersed in a situation that takes place while time stands still.

The analyst, “fascinated with that visual listening”, feels he is in danger of being paralysed by what he “sees”. We propose the necessity of letting ourselves into the acting-out of the patient, keeping the rules of abstinence.

In the perverse acting-out, due to its recurrent rhythm, besides the attempt to “deny”, there is also—if we succeed in entering the field—a possibility of exploring, and also of giving a meaning to the rejected significance.

It is not always possible—due to the forms the acting-out takes—to link it to our own semantic associative bonds, as what the perverse patient says or does is usually strange to us, uncanny (*unheimlich*), in the Freudian meaning of the term. It is not easy to include in our field of experience that which we sense as uncanny.

On the one hand, to keep the rules of abstinence required by the method, we have to put aside our common sense, in as much as it fulfils a unifying function, which makes us believe in a natural order or even in a natural law, a natural law that would expel what this so-called law considers anti-natural. On the other hand, the fact that we belong to a culture leads us not only to reject what that culture repudiates, but also to disown that rejection.

We explore, then, to what extent we can accept in our mind the expression of facts, attitudes, or desires which are rejected by our culture, or what we assume—as members of that culture—does not concern the human order.

Psychoanalysis with perverse patients usually confronts us not only with “the other”, which is radically unattainable to our ego, and with the unattainability that we present to “the other” in the intersubjective reality of our makeup, but also with that which we assume is “not part of our world”, does not exist in our human world.

That which we define as “not belonging to our world”, that which “is not”, in an absolute sense, creates in us a sense of “strangeness” we feel it as “ominous” or we call it “filthy” (in

Spanish, *immundo*, which, etymologically, is the opposite of *mundo* (world)—not belonging to our world).

When we are confronted with something which we affirm “is not part of our world” we judge not only that “it is not proper”, or that “it is improper”, but also and absolutely that it “is not”: we emphasize that, at this point, inadvertently, we formulate a judgement of attribution and pass on to enunciate a judgement of existence

When we judge radically, saying that something does not belong to the human order, then we pass a judgement of existence, or, rather, of non-existence; we are avoiding the painful contacts brought about by the feeling of strangeness.

From the “judgement of non-existence”, we seek refuge in the certainty that we know about the others and the others know about us. This knowledge also decides what is part of this world and what is not; it fills the opacity, it denies our blindness to see in the inner being of the other what we expel from our world when we define it as beastlike. In order to analyse, we must cover the reverse way, from the qualification of “bestiality” to that of “eccentricity”, so that we should be able to admit that which we have denied the existence of, to be able to think about it, even though it might be difficult to represent it or to understand it.

We are usually confronted—due to perversion—with questions which are on the outside of our habitual world, on the outside of the familiar session. In these cases, the lack of a precise theory and the scant or non-existent clinical experience may lead us to substitute prejudices disguised as scientific knowledge for the actual theory.

We propose that what we cannot know about the other, what we reject in the other, even if we are not able to represent it, can eventually be thinkable. This achievement, that is, recovering the capacity of thinking, on the part of the analyst about that which, for different reasons, he is not able to represent, is of the utmost importance in the progress of psychoanalysis; when the analyst “thinks”, he facilitates the changes in this patient, in as much as he considers the “non-existent” fit to be thinkable.

For this to happen, it is necessary for the analyst to do some psychic work, which we illustrate with a clinical report. We indicate that psychoanalytic abstinence and neutrality are not naturally

bestowed on the analyst; the need to do a painstaking task is imperative, once and again, since neutrality and abstinence, essential requirements for this method, are being invariably subverted.

We suggest that in order to understand the subject's constitution, we must incorporate the way in which he is affected by the groups he belongs to: family, partner, or others in his/her social surroundings. And not only must we do this concerning the way to understand the subject's constitution, but also concerning the modes in which these significances continue to operate and mark it, how they frame the subjects within certain ways of feeling and thinking.

In the analysis of perverse patients, an intense development of countertransference is essential. We do not understand countertransference as originating only from that which the patient places in the analyst, but also from preconceived ideas the analyst has, a product of the impossibility of him approaching the other. One of the ideas to be re-examined is that, even though we know that in the relationship with the other the ego uses the representation as a means to take what the other is offering, we must give rise to that which cannot be grasped, which cannot be represented, and which appears in this relationship. We should assume that our difficulty in representing it makes us feel it as non-existent. This refers to what is inapprehensible, to what we cannot understand in the other, we cannot imagine it, so much so that we tend to discard it, we cannot share it culturally, we tend to condemn and reject it; we have to make an intense effort to be able to think about it. It is only when we give way to what is inaccessible, incomprehensible, terrifying that it turns into "an existent" in the analytic situation.

Change indicators in the field of the analytic situation

The scenes that constitute the perverse acting-outs are not usually recountable in the first stages of analysis. These scenes generally take place in an alien space, other than that which the perverse share with other people, where they talk with other people, a space strange to their everyday life, also strange to that which is unfolded in the analytic situation. This not only happens due to concealment; essentially, perverse patients do not find the words to describe them.

We consider it a point of inflexion in a psychoanalytic treatment when the patient agrees to talk about his "acting-out" in the session. Doing that is the result of hard work. It usually takes a long time for the perverse patient to find the right words to describe his/her experience, especially the emotional involvement, and then build up his/her story with them.

When recounting the *scene*, perverse patients show a contact with the world signed by a sensual over-excitement that provides them with a sensation of sensorial saturation. They feel as if they are the masters of the people surrounding them, who act like puppets whose strings they pull.

As mentioned above, there is a first attempt at unfolding a fascinating scene. Fascination comes from the idealization of secret behaviours, with a pleasure gain that depends on the inclusion in a cosmo-vision where there is a sexual pleasure lived as if it were exceptional. What is hidden is that these actings-out lead to deterioration and to the loss of relation with the object, in which both the ego and the ego ideal are split. We have already referred to this problem in a previous paragraph.

Nevertheless, together with this grandiloquent style, it usually becomes evident that there is a kind of "theatricality" that adds to its "alien" nature.

The mechanical repetition of the perverse act gives it its compulsive nature; the scenes have the same shape, with all the parts assembled with the same characteristics. An important indicator of change occurs when the patient becomes aware of the compulsive nature of his acting-out.

If the analyst manages to hold the unfolding of the scene, the storyline becomes more and more consistent. As a result, and also as an effect of the narrative, the patient is aware of its *compulsive nature* and also of the incongruity between two modes of being and thinking. This shows the splitting inside the subject, which usually causes the patient to experience embarrassment. The compulsive nature of the acting-out, together with the feeling of *shame and incongruity*, are not easily acknowledged. Generally, their appearance is accompanied by violent situations which lead the patient to take on a defying attitude.

The appearance of signs of embarrassment and the feeling of incongruity are indicators of a splitting that begins to show fissures.

When this happens, the acting-out gradually stops being alien to the patient's awareness and memory at the same time as his self-sufficient discourse loses its consistency and his illusion of wilfully deciding the events of his life collapses. As a consequence of the new narcissistic wound, violence increases and shame gives way to humiliation. The splitting fissure usually results in an intense shock in the analytic situation. On occasions of this kind, analyst and patient end up trapped in a dual relationship once again.

We bear witness to feverish attempts to stitch the wound brought about by the insight on the patient's double way of being and the double relationship he/she has with the analyst. This attempted solution leads to argumentations in which there is evidence of *bad faith*, as in a *deceitful and dishonest discourse*. Then the *perverse transference* comes into existence. The patient, through eroticization, attempts to pervert the transference connection, testing the analyst's ability. In particular, there is evidence of pragmatic disturbances in communication and of the omnipotent power that is exerted on others, in the perverse acting-out, with the resulting loss of autonomy and independence. We have to deal, then, with the technical problems created by the patient's ideology when he/she makes a defensive use of it.

When we are able to hold and develop the shock that results from the fissure of the splitting, the emergence of dreams is a powerful clinical indicator of change in the analysis of perverse patients. Dreaming goes a step beyond the recounting of the acting-out, it involves an emotional experience that implies the passage from one side of the Freudian *Spaltung* to the other. In this book, we propose that this passage is possible, as the transformations of acting-outs into dreams are possible.

We propose that analytic support, given by the intersubjective comprehension of the analytic situation, makes it possible that the analytic partners should think it, and should create better conditions for the approach to perversion and for the eventual transformation of perverse acting-outs into thoughts.

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